

Alabama

Cancer Facts & Figures 2016-2017



A sourcebook of cancer data for cancer prevention and control activities in Alabama





ALABAMA DEPARTMENT OF PUBLIC HEALTH

Scott Harris, M.D.
Acting State Health Officer



November 1, 2017

Dear Colleagues:

I am pleased to present the annual *Alabama Cancer Facts & Figures* report produced by the Alabama Statewide Cancer Registry in collaboration with the American Cancer Society.

Cancer is the second leading cause of death in Alabama, exceeded only by heart disease. Breast, colorectal, lung, and prostate cancers are the most commonly diagnosed cancers, accounting for more than 47 percent of all new cases in Alabama; however, more Alabamians die from lung cancer than from breast, colorectal, and prostate cancers combined. Eliminating tobacco use, one of the single most preventable causes of disease, and eliminating exposure to secondhand smoke could greatly reduce the incidence and mortality of lung cancer. For breast, prostate, and colorectal cancers, there are established, effective screening tests which can diagnose these cancers at an early stage when treatment is more effective and survival is more likely. In addition, engaging in healthy lifestyle habits, such as being physically active and consuming a healthy diet, can also contribute to cancer prevention efforts.

It is my hope that the information presented in this report will assist the partners, agencies, and organizations involved in cancer prevention efforts throughout the state as we continue to work toward reducing Alabama's cancer burden.

Sincerely,

Scott Harris, M.D.
Acting State Health Officer



Dear Alabamians,

It is with great pride that we present the Alabama Cancer Facts and Figures 2016-2017. This publication was developed to assist cancer control organizations, health professionals, legislators, donors, community groups, and others who are working to reduce the cancer burden throughout the state of Alabama. The overall goal of this document is to facilitate cancer control planning that is based on data and directed toward clear outcomes. Cancer continues to be a major public health problem in Alabama.

In recent years, there has been significant progress toward reducing death and disease due to cancer. We know, however, that there is much more work to be done. We can meet these challenging goals, but we cannot do it alone. We need the assistance of our community partners in cancer control efforts and individuals like you. The American Cancer Society is a member of the Alabama Comprehensive Cancer Control Coalition (ACCCC), and we have been engaged in this work on a national and local level. The immediate goal of the ACCCC is to develop a state cancer plan, which will serve as a road map to guide action in cancer control throughout the state and help to avoid a duplication of services. It is based on the public health model of promoting health and preventing disease using risk reduction, screening, treatment, surveillance, public policy, and program evaluation.

This publication is a culmination of collaborative work with the Alabama Department of Public Health and the Alabama Cancer Registry. We greatly appreciate the work they have done with providing the American Cancer Society with the document outline and data, especially Justin T. George, from the Alabama Cancer Registry. We also acknowledge the assistance we received from those at American Cancer Society with editing and reviewing this document. We hope you find the information useful and that it will help you plan more effective, targeted programs to help reduce the cancer burden in Alabama.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Blanton".

Lori Blanton
Senior Director, State Health Systems
South Region

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This publication attempts to summarize current scientific information about cancer. Except when specified, it does not represent the official policy of the American Cancer Society.

Visit the Alabama Statewide Cancer Registry website at alabamapublichealth.gov/ascr for additional copies of *Alabama Cancer Facts & Figures 2016-2017*.

Cancer: Basic Facts

What Is Cancer?

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Although the reason for many cancers, particularly those that occur during childhood, remains unknown, established cancer causes include lifestyle (external) factors, such as tobacco use and excess body weight, and non-modifiable (internal) factors, such as inherited genetic mutations, hormones, and immune conditions. These causal factors may act simultaneously or in sequence to initiate or promote the development of cancer. Ten or more years often pass between exposure to external factors and detectable cancer. Cancer is treated with surgery, radiation, chemotherapy, hormone therapy, immune therapy, and targeted therapy.¹

Can Cancer Be Prevented?

A substantial proportion of cancers could be prevented, including all cancers caused by cigarette smoking and heavy use of alcohol. In 2017, about 190,500 of the estimated 600,920 cancer deaths will be caused by cigarette smoking, according to a recent study by American Cancer Society researchers. In addition, the World Cancer Research Fund has estimated that around 20 percent of the cancer cases that occur in the US are related to overweight or obesity, physical inactivity, excess alcohol consumption, and/or poor nutrition, and thus could also be prevented. Certain cancers are related to infectious agents, such as hepatitis B virus (HBV), human papillomavirus (HPV), human immunodeficiency virus (HIV), and *Helicobacter pylori* (*H. pylori*). Many of these cancers could be prevented through behavioral changes or the use of protective vaccinations or antibiotic treatments. Many of the more than 5 million skin cancer cases that are diagnosed annually could be prevented by protecting skin from excessive sun exposure and avoiding indoor tanning.¹

Screening can prevent colorectal and cervical cancers by allowing for the detection and removal of precancerous lesions. Screening also offers the opportunity to detect

cancer early, before symptoms appear, which usually results in less extensive treatment and better outcomes. Screening is known to reduce mortality for cancers of the breast, colon, rectum, cervix, and lung (among long-term and/or heavy smokers). A heightened awareness of changes in the breast, skin, or testicles may also result in the early detection of cancer.¹

Who Is at Risk of Developing Cancer?

Anyone can develop cancer. Cancer most commonly develops in older people; 87 percent of all cancer diagnoses are in people 50 years of age or older. People who smoke, eat an unhealthy diet, or are physically inactive also have a higher risk of cancer. In the US, approximately 41 out of 100 men and 38 of 100 women will develop cancer during their lifetime. These probabilities are estimated based on cancer occurrence in the general population and may overestimate or underestimate individual risk because of differences in exposures (e.g., smoking), family history, and/or genetic susceptibility.¹

Relative risk is a measure of the strength of the relationship between a risk factor and cancer. It compares the risk of developing cancer in people with a certain exposure or trait to the risk in people who do not have this characteristic. For example, men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers, so their relative risk is 25. Most relative risks are not this large. For example, women who have a mother, sister, or daughter with a history of breast cancer are about twice as likely to develop breast cancer as women who do not have this family history; in other words, their relative risk is about two. For most types of cancer, risk is higher with a family history of the disease. It is now thought that many familial cancers arise not exclusively from genetic makeup, but from the interplay between common gene variations and lifestyle and environmental risk factors. Only a small proportion of cancers are strongly hereditary, that is, caused by an inherited genetic alteration that confers a very high risk.¹

How Many New Cancer Cases Are Expected to Occur in 2017 in Alabama?

In Alabama, approximately 26,160 new cancer cases are expected to be diagnosed in 2017, which translates to about 70 people per day.¹

Estimated Number* of New Cancer Cases for Selected Cancer Sites, Alabama, 2017

Site	New Cases
All Sites	26,160
Female Breast	3,960
Uterine Cervix	210
Colon & Rectum	2,210
Uterine Corpus	720
Leukemia	770
Lung & Bronchus	3,880
Melanoma	1,320
Non-Hodgkin Lymphoma	960
Prostate	2,410
Urinary Bladder	1,090

*Rounded to the nearest 10. Excludes basal and squamous cell skin cancers and *in situ* carcinomas except urinary bladder.

Source: American Cancer Society. *Cancer Facts & Figures 2017*. Atlanta: American Cancer Society.

How Many People Are Expected to Die of Cancer in 2017 in Alabama?

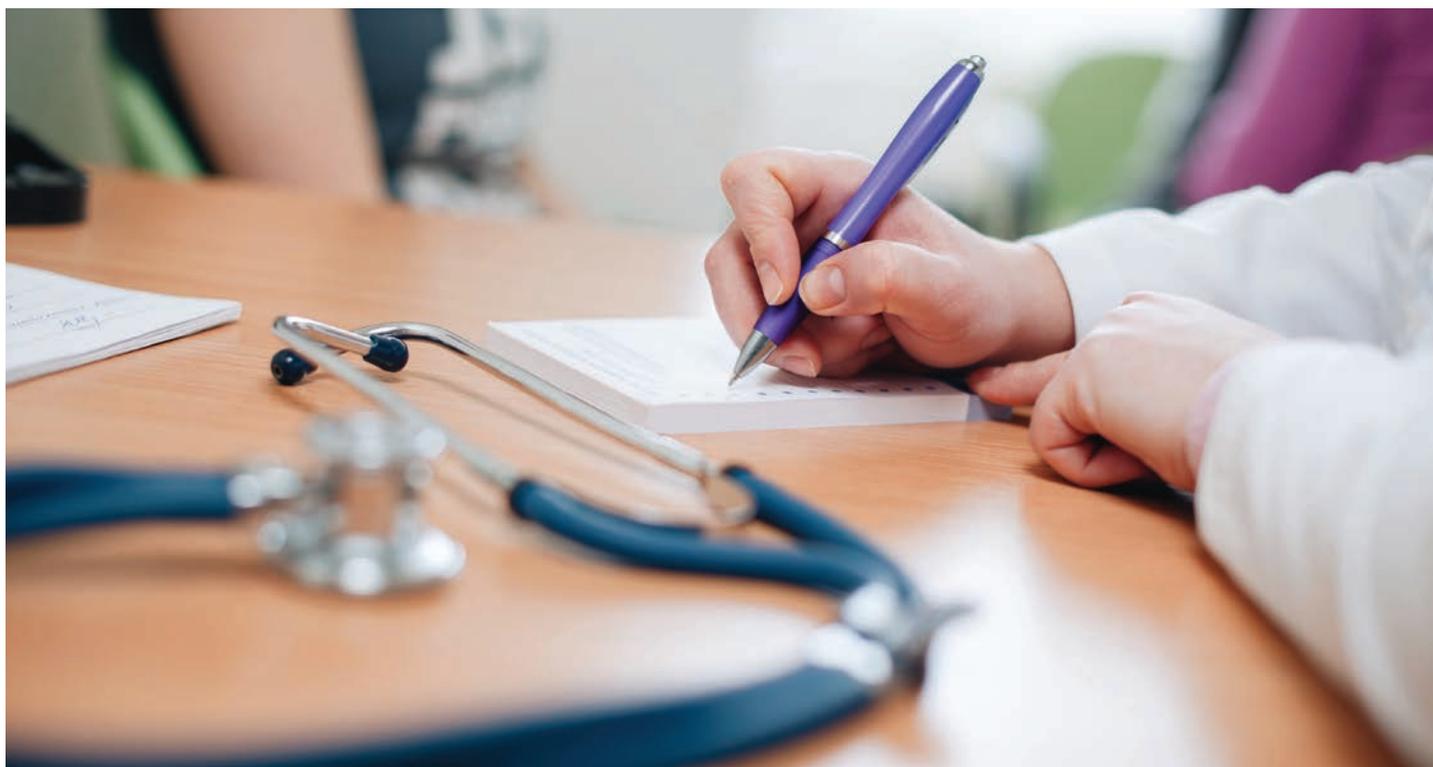
In Alabama, 10,530 people are expected to die of cancer in 2017. Lung cancer will account for 3,200 deaths, approximately 30 percent of all estimated cancer deaths in the state.¹

Estimated Number* of Cancer Deaths for Selected Cancer Sites, Alabama, 2017

Site	Deaths
All Sites	10,530
Brain/Nervous System	320
Female Breast	650
Colon & Rectum	940
Leukemia	420
Liver & Intrahepatic Bile Duct	470
Lung & Bronchus	3,200
Non-Hodgkin Lymphoma	320
Ovary	250
Pancreas	710
Prostate	450

*Rounded to the nearest 10.

Source: American Cancer Society. *Cancer Facts & Figures 2017*. Atlanta: American Cancer Society.



All Cancers

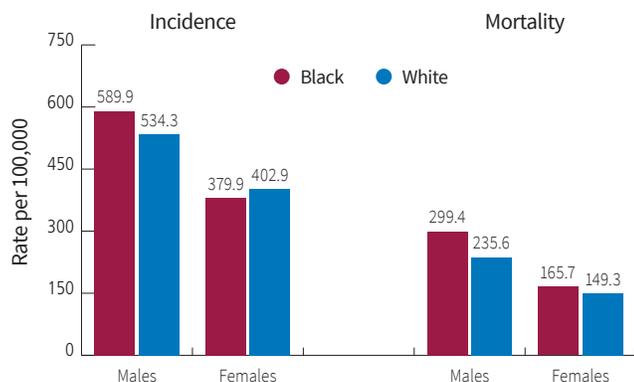
Incidence Rates

For both genders combined, Alabama’s cancer incidence rate is 461.2 – significantly higher than the US rate of 457.0.³ (See Table 11, page 26.) Males in the state have a significantly higher cancer incidence rate than females, with a rate of 550.1 versus 397.0.³ Among males, black males have a significantly higher cancer incidence rate than white males, with a rate of 589.9 versus 534.3.³ Among females, white females have a significantly higher cancer incidence rate than black females, with a rate of 402.9 versus 379.9.³ (See Figure 1 and Table 11, page 26.)

Mortality Rates

For both genders combined, Alabama’s cancer mortality rate is 190.5 – significantly higher than the US rate of 172.4.^{2,4} Males in the state have a significantly higher cancer mortality rate than females, with a rate of 245.8 versus 152.4.² Among males, black males have a significantly higher cancer mortality rate than white males, with a rate of 299.4 versus 235.6.² Among females, black females have a significantly higher cancer mortality rate than white females, with a rate of 165.7 versus 149.3.² (See Figure 1 and Table 12, page 26.)

Figure 1. All Sites Cancer Incidence and Mortality Rates*, by Sex and Race, Alabama



*Malignant only, with the exception of *in situ* bladder cancer, per 100,000 and age-adjusted to the 2000 US standard population.

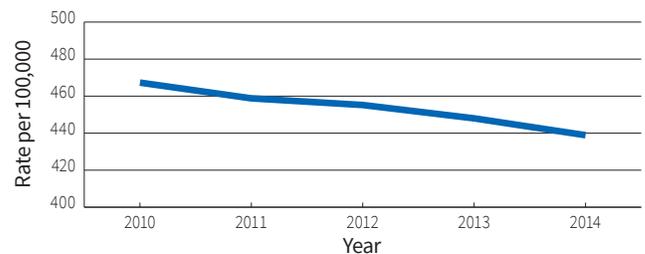
Source: Alabama Statewide Cancer Registry, 2017. Cancer Incidence (2009-2013), Cancer Mortality (2005-2014).

Trends

Between 2010 and 2014, the percentage change for all sites cancer incidence in Alabama had an overall decrease of 6.1 percent; the annual percentage change during this time was -1.5 percent.² The decrease in cancer incidence rates was found to be statistically significant. (See Figure 2 and Table 2, page 14.)

Between 2010 and 2014, the percentage change for all sites cancer mortality in Alabama had an overall decrease of 6.5 percent; the annual percentage change during this time was -1.5 percent.² The decrease in cancer mortality was found to be statistically significant. (See Figure 3 and Table 10, page 25.)

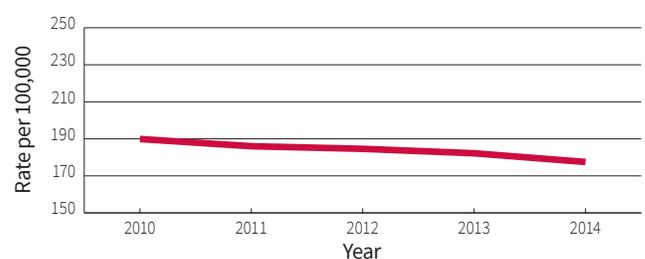
Figure 2. Trends in Cancer Incidence Rates*, All Sites, Males and Females, Alabama, 2010-2014



*Malignant only with the exception of *in situ* bladder cancer, per 100,000 and age-adjusted to the 2000 US standard population.

Source: Alabama Statewide Cancer Registry, 2017.

Figure 3. Trends in Cancer Mortality Rates*, All Sites, Males and Females, Alabama, 2010-2014



*Per 100,000, age-adjusted to the 2000 US standard population.

Source: Alabama Statewide Cancer Registry, 2017.

Selected Cancers

Lung Cancer

2017 Estimates

In 2017, an estimated 3,880 new cases of lung and bronchus cancer will be diagnosed and approximately 3,200 deaths from lung and bronchus cancer are expected to occur in Alabama.¹

Incidence Rates

For both genders combined, the lung cancer incidence rate in Alabama is 71.6 – significantly higher than the US rate of 62.7.³ (See Table 11, page 26.) Males in the state have a significantly higher lung cancer incidence rate than females, with a rate of 95.6 versus 53.6.³ Among males in Alabama, black males have a significantly higher lung cancer incidence rate than white males, with a rate of 100.7 versus 94.8.³ Among females in the state, white females have a significantly higher lung cancer incidence rate than black females, with a rate of 58.0 versus 38.6.³ (See Figure 4 and Table 11, page 26.)

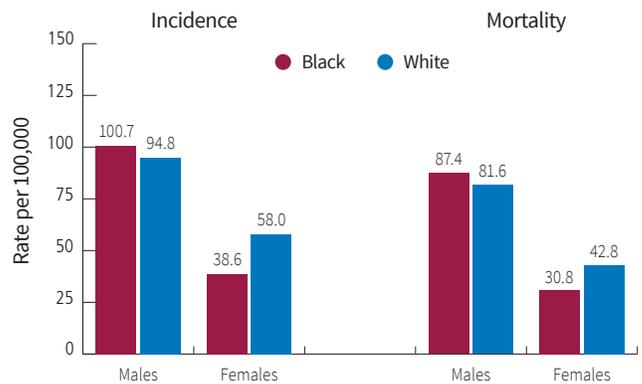
Mortality Rates

For both genders combined, the lung cancer mortality rate in Alabama is 58.0 – significantly higher than the US rate of 47.4.^{2,4} Males in the state have a significantly higher lung cancer mortality rate than females, with a rate of 82.4 versus 40.1.² Among males in Alabama, black males have a significantly higher lung cancer mortality rate than white males, with a rate of 87.4 versus 81.6.² Among females in the state, white females have a significantly higher lung cancer mortality rate than black females, with a rate of 42.8 versus 30.8.² (See Figure 4 and Table 12, page 26.)

Trends

Between 2010 and 2014, the percentage change for lung cancer incidence in Alabama had an overall decrease of 11.0 percent; the annual percentage change during this time was -2.9 percent.² For lung cancer mortality between 2010 and 2014, the percentage change had an overall decrease of 11.6 percent; the annual percentage

Figure 4. Lung Cancer Incidence and Mortality Rates,* by Sex and Race, Alabama



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

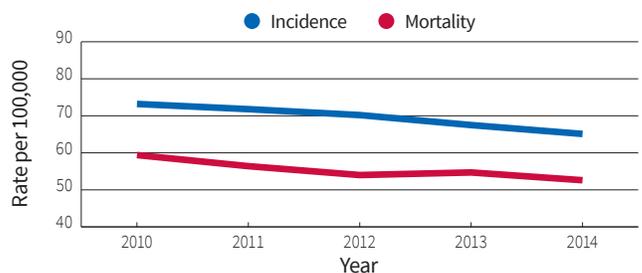
Source: Alabama Statewide Cancer Registry, 2017. Cancer Incidence (2009-2013), Cancer Mortality (2005-2014).

change during this time was -2.7 percent.² The decreases in incidence rates and mortality rates were found to be statistically significant. (See Figure 5 and Table 2, page 14, and Table 10, page 25.)

Risk Factors

Cigarette smoking is by far the most important risk factor for lung cancer, with 80 percent of lung cancer deaths in the US attributable to smoking. Risk increases with quantity and duration of cigarette consumption. Cigar and pipe smoking also increase risk. Other risk factors include occupational or environmental exposure to secondhand smoke, radon, asbestos (particularly among smokers), certain metals (chromium, cadmium, arsenic), some organic chemicals,

Figure 5. Trends in Lung Cancer Incidence and Mortality Rates,* Males and Females, Alabama, 2010-2014



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

Source: Alabama Statewide Cancer Registry, 2017.

radiation, air pollution, diesel exhaust, and paint.¹ Genetic susceptibility can also play a contributing role in the development of lung cancer, especially in those who develop the disease at a younger age.¹

Tobacco Use

Alabama adults and youth have higher rates of cigarette smoking than the national averages. While 21.4 percent of Alabama adults and 14.0 percent of Alabama youth smoke, the national averages are 16.7 percent and 10.8 percent, respectively.⁵ Adults with low levels of education have the highest rates of cigarette smoking in the state.⁵ (See Table 13, page 27, for additional information on smoking rates in Alabama and the US.)

Colorectal Cancer

2017 Estimates

In 2017, an estimated 2,210 new cases of colorectal cancer will be diagnosed and approximately 940 colorectal cancer deaths are expected to occur in Alabama.¹

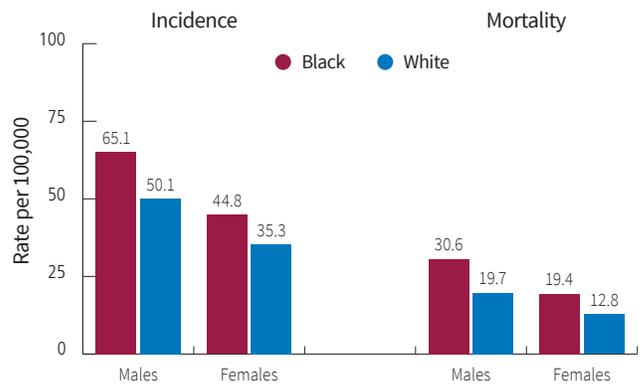
Incidence Rates

For both genders combined, the colorectal cancer incidence rate in Alabama is 44.2 – significantly higher than the US rate of 40.7.³ (See Table 11, page 26.) Males in the state have a significantly higher colorectal cancer incidence rate than females, with a rate of 52.8 versus 37.4.³ Among males in Alabama, black males have a significantly higher colorectal cancer incidence rate than white males, with a rate of 65.1 versus 50.1.³ Among females in the state, black females have a significantly higher colorectal cancer incidence rate than white females, with a rate of 44.8 versus 35.3.³ (See Figure 6 and Table 11, page 26.)

Mortality Rates

For both genders combined, the colorectal cancer mortality rate in Alabama is 17.3 – significantly higher than the US rate of 15.8.^{2,4} Males in the state have a significantly higher colorectal cancer mortality rate than females, with a rate of 21.5 versus 14.1.² Among males in Alabama, black males have a significantly higher colorectal cancer mortality rate than white males, with a

Figure 6. Colorectal Cancer Incidence and Mortality Rates,* by Sex and Race, Alabama



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

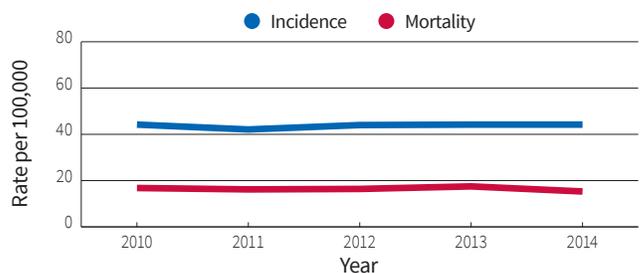
Source: Alabama Statewide Cancer Registry, 2017. Cancer Incidence (2009-2013), Cancer Mortality (2005-2014).

rate of 30.6 versus 19.7.² Among females in the state, black females have a significantly higher colorectal cancer mortality rate than white females, with a rate of 19.4 versus 12.8.² (See Figure 6 and Table 12, page 26.)

Trends

Between 2010 and 2014, the percentage change for colorectal cancer incidence in Alabama was relatively constant, with an increase of only 0.1 percent; the annual percentage change during this time was 0.5 percent.² For colorectal cancer mortality between 2010 and 2014, the percentage change had an overall decrease of 9.0 percent; the annual percentage change during this time was -1.0 percent.² Neither trend was statistically significant. (See Figure 7 and Table 2, page 14, and Table 10, page 25.)

Figure 7. Trends in Colorectal Cancer Incidence and Mortality Rates,* Males and Females, Alabama, 2010-2014



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

Source: Alabama Statewide Cancer Registry, 2017.

Risk Factors

The risk of colorectal cancer increases with age; approximately 90 percent of cases are diagnosed in individuals over 50 years of age.¹ Risk is also increased by certain inherited genetic mutations (familial adenomatous polyposis [FAP] and hereditary non-polyposis colorectal cancer [HNPCC]), a personal or family history of colorectal cancer and/or polyps, or a personal history of chronic inflammatory bowel disease.¹ Several modifiable factors are associated with an increased risk of colorectal cancer. These include smoking, physical inactivity, obesity, heavy alcohol consumption, a diet high in red or processed meat, and an inadequate intake of fruits and vegetables.¹

Early Detection

Beginning at age 50, men and women who are at average risk for developing colorectal cancer should begin screening. Screening can result in the detection and removal of colorectal polyps before they become cancerous, as well as detect cancers at an early stage.¹ When colorectal cancers are detected at an early, localized stage, the 5-year survival rate is 90 percent; however, only 39 percent of colorectal cancer cases are diagnosed at this stage, mostly due to underuse of screening.¹ After the cancer has spread regionally to involve adjacent organs or lymph nodes, the 5-year survival drops to 71 percent. For people with distant stage diagnosis, the 5-year survival rate is 14 percent.¹ For all adults 50 years of age and older, Alabama adults have similar rates of colorectal cancer screening compared to the national average.⁵ Adults with low education have the lowest colorectal cancer screening rates of all genders and races in Alabama.⁵ (See page 12 for the American Cancer Society's screening guidelines for the early detection of colorectal cancer and Table 14, page 27, for more information on colorectal cancer screening rates in Alabama and the US.)

Melanoma

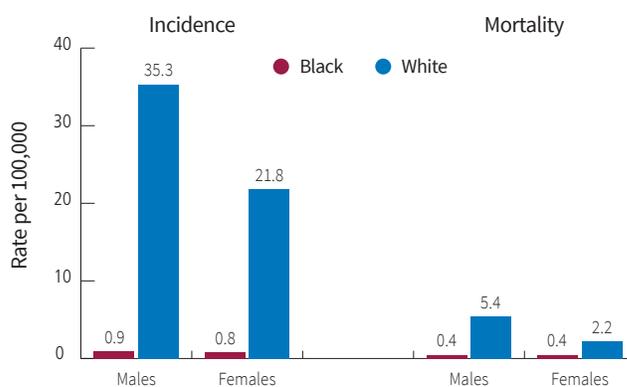
2017 Estimate

In 2017, an estimated 1,320 new cases of melanoma are expected to be diagnosed in Alabama.¹

Incidence Rates

For both genders combined, the melanoma incidence rate in Alabama is 21.1 – significantly higher than the US rate of 20.2.³ (See Table 11, page 26.) Males in the state have a significantly higher melanoma incidence rate than females, with a rate of 28.2 versus 16.1.³ Among males in Alabama, white males have a significantly higher melanoma incidence rate than black males, with a rate of 35.3 versus 0.9.³ Among females in the state, white females have a significantly higher melanoma incidence rate than black females, with a rate of 21.8 versus 0.8.³ (See Figure 8 and Table 11, page 26.)

Figure 8. Melanoma Incidence and Mortality Rates,* by Sex and Race, Alabama



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

Source: Alabama Statewide Cancer Registry, 2017. Cancer Incidence (2009-2013), Cancer Mortality (2005-2014).

Mortality Rates

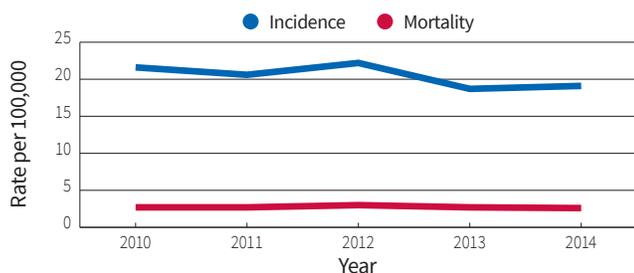
For both genders combined, the melanoma mortality rate in Alabama is 2.9 – roughly the same as the US rate of 2.7.^{2,4} Males in the state have a significantly higher melanoma mortality rate than females, with a rate of 4.4 versus 1.8.³ Among males in Alabama, white males have

a significantly higher melanoma mortality rate than black males, with a rate of 5.4 versus 0.4.³ Among females in the state, white females have a significantly higher melanoma mortality rate than black females, with a rate of 2.2 versus 0.4.³ (See Figure 8 and Table 12, page 26.)

Trends

Between 2010 and 2014, the percentage change for melanoma incidence in Alabama had an overall decrease of 11.6 percent; the annual percentage change during this time was -3.3 percent.² For melanoma mortality between 2010 and 2014, the percentage change had an overall decrease of 1.9 percent; the annual percentage change during this time was -0.3 percent.² Neither trend was statistically significant. (See Figure 9 and Table 2, page 14, and Table 10, page 25.)

Figure 9. Trends in Melanoma Incidence and Mortality Rates,* Males and Females, Alabama, 2010-2014



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

Source: Alabama Statewide Cancer Registry, 2017.

Risk Factors

Major risk factors for melanoma include a personal or family history of melanoma and the presence of atypical moles or a large number of moles (greater than 50). Other risk factors for all types of skin cancer include sun sensitivity (sunburning easily, difficulty tanning, natural blond or red hair color); a history of excessive sun exposure, including sunburns; use of tanning booths; diseases that suppress the immune system; and a past history of basal cell or squamous cell skin cancers.¹

Early Detection

The best way to detect skin cancer early is to recognize changes in skin growths or the appearance of new growths.¹ New or unusual lesions or a progressive change in a lesion's appearance size, shape, or color, etc., should be evaluated promptly by a physician.¹ A simple ABCDE rule outlines the warning signals of the most common type of melanoma: A is for asymmetry (one half of the mole does not match the other half); B is for border irregularity (the edges are ragged, notched, or blurred); C is for color (the pigmentation is not uniform, with variable degrees of tan, brown, or black); D is for diameter greater than 6 millimeters (about the size of a pencil eraser); and E is for evolution, meaning a change in the mole's appearance over time.¹ If detected at its earliest stages and treated properly, melanoma is highly curable.¹ When detected at a localized stage, the 5-year survival rate is 98 percent; the 5-year survival rates for regional and distant stage diseases are 62 percent and 18 percent, respectively.¹

Prostate Cancer

2017 Estimates

In 2017, an estimated 2,410 new cases of prostate cancer will be diagnosed and approximately 450 prostate cancer deaths are expected to occur in Alabama.¹

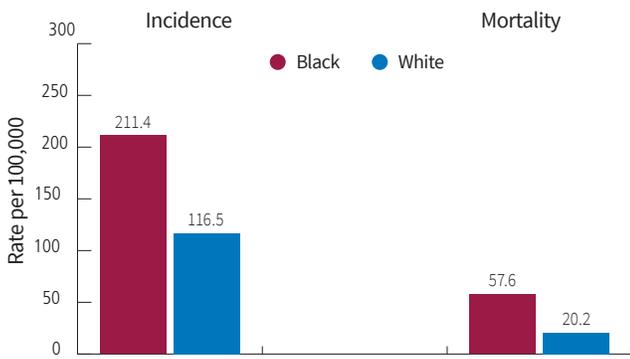
Incidence Rates

The prostate cancer incidence rate in Alabama is 139.5 – significantly higher than the US rate of 123.2.³ (See Table 11, page 26.) Black males in the state have a significantly higher prostate cancer incidence rate than white males, with a rate of 211.4 versus 116.5.³ (See Figure 10, page 8, and Table 11, page 26.)

Mortality Rates

The prostate cancer mortality rate in Alabama is 26.2 – significantly higher than the US rate of 21.7.^{2,4} Black males in the state have a significantly higher prostate cancer mortality rate than white males, with a rate of 57.6 versus 20.2.² (See Figure 10, page 8, and Table 12, page 26.)

Figure 10. Prostate Cancer Incidence and Mortality Rates,* Males, by Race, Alabama



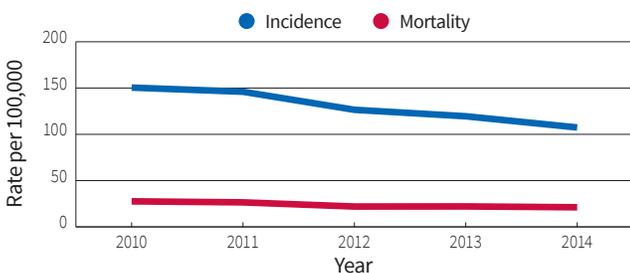
*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

Source: Alabama Statewide Cancer Registry, 2017. Cancer Incidence (2009-2013), Cancer Mortality (2005-2014).

Trends

Between 2010 and 2014, the percentage change for prostate cancer incidence in Alabama had an overall decrease of 28.6 percent; the annual percentage change during this time was -8.3 percent and was statistically significant.² The incidence rates for prostate cancer for the United States as a whole have shown a similar decline over this time frame. One suspected reason for this decline is fewer men being screened for prostate cancer because of recent changes in screening guidelines. For prostate cancer mortality between 2010 and 2014, the percentage change had an overall decrease of 23.0 percent; the annual percentage change during this time was -6.9 percent and was statistically significant.² (See Figure 11 and Table 2, page 14, and Table 10, page 25.)

Figure 11. Trends in Prostate Cancer Incidence and Mortality Rates,* Males, Alabama, 2010-2014



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

Source: Alabama Statewide Cancer Registry, 2017.

Risk Factors

Age, ethnicity, and family history are well-established risk factors for prostate cancer.¹ The majority of all prostate cancer cases are diagnosed in men 65 years of age and older, and nearly all cases occur in men 50 and older. African American men and Caribbean men of African descent have the highest prostate cancer incidence rates in the world.¹ Genetic studies suggest that strong familial disposition may account for 5-10 percent of prostate cancer cases. Studies suggest that a diet high in processed meat or dairy foods may be a risk factor, and obesity appears to increase risk of aggressive prostate cancer.¹

Early Detection

The American Cancer Society recommends that beginning at age 50, men who have at least a 10-year life expectancy should have an opportunity to make an informed decision with their health care provider about whether to be screened for prostate cancer, after receiving information about the potential benefits, risks, and uncertainties associated with screening. Prostate cancer screening should not occur without an informed decision-making process. The 5-year survival rate for prostate cancer is almost 100 percent when the disease is diagnosed and treated at the local and regional stages.¹ Males ages 65 and older in Alabama have higher rates of PSA screening than the US averages.⁵ Males of low education have the lowest rates of PSA screening of all groups.⁵ (See page 12 for the American Cancer Society's screening guidelines concerning the early detection of prostate cancer and Table 16, page 28, for more information on prostate cancer screening rates in Alabama and the US.)

Breast Cancer

2017 Estimates

In 2017, an estimated 3,960 new cases of female breast cancer will be diagnosed and approximately 650 female breast cancer deaths are expected to occur in Alabama.¹

Incidence Rates

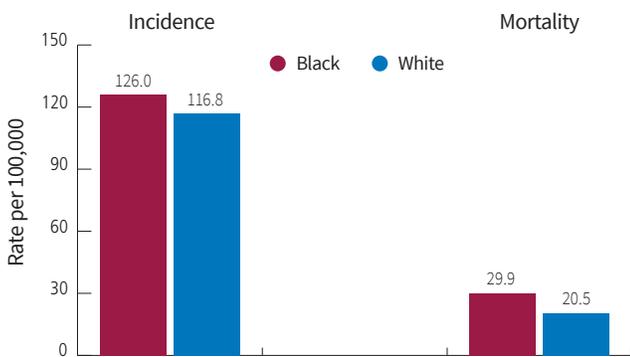
The female breast cancer incidence rate in Alabama is 119.6 – significantly lower than the US rate of 123.3.³ (See Table 11, page 26.) Black females in the state have a

significantly higher breast cancer incidence rate than white females, with a rate of 126.0 versus 116.8.³ (See Figure 12 and Table 11, page 26.)

Mortality Rates

The female breast cancer mortality rate in Alabama is 22.7 – marginally higher than the US rate of 22.2.^{2,4} Black females in the state have a significantly higher breast cancer mortality rate than white females, with a rate of 29.9 versus 20.5.² (See Figure 12 and Table 12, page 26.)

Figure 12. Breast Cancer Incidence and Mortality Rates,* Females, by Race, Alabama



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

Source: Alabama Statewide Cancer Registry, 2017. Cancer Incidence (2009-2013), Cancer Mortality (2005-2014).

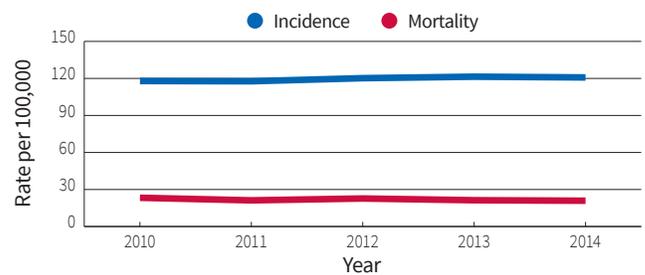
Trends

Between 2010 and 2014, breast cancer incidence rates in Alabama were almost constant, with the percentage change having an overall increase of only 2.5 percent; the annual percentage change during this time was 0.8 percent.² For breast cancer mortality between 2010 and 2014, the percentage change had an overall decrease of 10.3 percent; the annual percentage change during this time was -2.1 percent.² Neither trend was statistically significant. (See Figure 13 and Table 2, page 14, and Table 10, page 25.)

Risk Factors

Aside from being female, age is the most important factor affecting breast cancer risk. Risk is also increased by inherited genetic mutations in the *BRCA1* and *BRCA2*

Figure 13. Trends in Breast Cancer Incidence and Mortality Rates,* Females, Alabama, 2010-2014



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

Source: Alabama Statewide Cancer Registry, 2017.

genes, a personal or family history of breast cancer, high breast tissue density, biopsy-confirmed hyperplasia, high bone mineral density, and high-dose radiation to the chest, typically related to a medical procedure.¹ Reproductive factors that increase breast cancer risk include a long menstrual history (menstrual periods that start early and/or end late in life), never having children, recent use of oral contraceptives, and having one's first child after age 30.¹ Potentially modifiable risk factors include weight gain after age 18, being overweight or obese (for postmenopausal breast cancer), use of combined estrogen and progestin menopausal hormone therapy, physical inactivity, and alcoholic consumption.¹

Early Detection

Mammography can detect breast cancer at an early stage, when treatment is more effective.¹ Steady declines in breast cancer mortality among women since 1989 have been attributed to a combination of early detection and improvements in treatment. When the disease is detected and diagnosed at the localized stage, the relative 5-year survival rate is 99 percent, compared to a rate of only 25 percent for breast cancers detected at the distant stage.¹ Alabama females have a similar rate of mammography screening compared to US females.⁵ Black females in the state have a higher rate of mammography screening than white females.⁵ Females with low education have the lowest rate of mammography of all age groups and races.⁵ (See page 12 for the American Cancer Society's screening guidelines for the early detection of breast cancer and Table 15, page 27, for more information on breast cancer screening rates in Alabama and the US.)

Cervical Cancer

2017 Estimate

In 2017, an estimated 210 new cases of cervical cancer are expected to be diagnosed in Alabama.¹

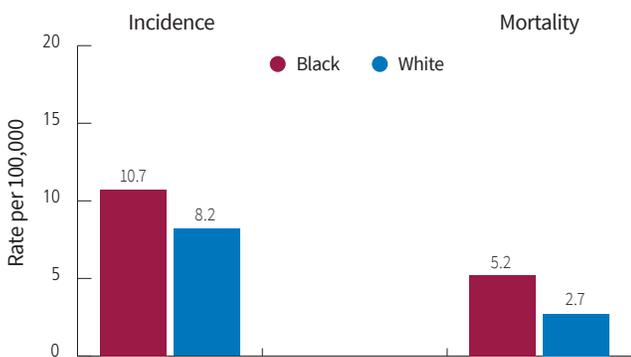
Incidence Rates

The cervical cancer incidence rate in Alabama is 8.6 – significantly higher than the US rate of 7.6.³ (See Table 11, page 26.) Black females in the state have a significantly higher cervical cancer incidence rate than white females, with a rate of 10.7 versus 8.2.³ (See Figure 14 and Table 11, page 26.)

Mortality Rates

The cervical cancer mortality rate in Alabama is 3.2 – significantly higher than the US rate of 2.3.^{2,4} Black females in the state have a significantly higher cervical cancer mortality rate than white females, with a rate of 5.2 versus 2.7.² (See Figure 14 and Table 12, page 26.)

Figure 14. Cervical Cancer Incidence and Mortality Rates,* Females, by Race, Alabama



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

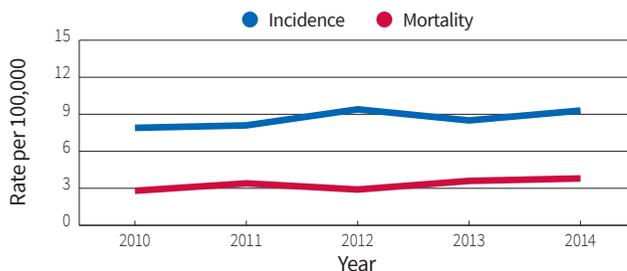
Source: Alabama Statewide Cancer Registry, 2017. Cancer Incidence (2009-2013), Cancer Mortality (2005-2014).

Trends

Between 2010 and 2014, the percentage change for cervical cancer incidence in Alabama had an overall increase of 18.2 percent, and the annual percentage change during this time was 3.9 percent.² For cervical cancer mortality between 2010 and 2014, the

percentage change had an overall increase of 34.5 percent; the annual percentage change during this time was 6.8 percent.² Neither trend was statistically significant. (See Figure 15 and Table 2, page 14, and Table 10, page 25.)

Figure 15. Trends in Cervical Cancer Incidence and Mortality Rates,* Females, Alabama, 2010-2014



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

Source: Alabama Statewide Cancer Registry, 2017.

Risk Factors

The primary cause of cervical cancer is persistent infection with certain types of human papillomavirus (HPV).¹ Women who begin having sex at an early age or who have many sexual partners are at increased risk for HPV and cervical cancer. However, a woman may be infected with HPV even if she has had only one sexual partner. Persistence of the infection and progression to cancer may be influenced by factors such as immunosuppression, high parity (number of childbirths), and cigarette smoking. Long-term use of oral contraceptives is also associated with increased risk of cervical cancer.¹

Prevention

Vaccines are available for use in 9 to 26 year-olds to protect against the most common types of HPV that cause cervical cancer. In October 2016, the Centers for Disease Control and Prevention reduced the recommended number of doses of the vaccine from three to two for 9 to 14 year-olds, while 15 to 26 year-olds still require a 3-dose series for full protection. The vaccines cannot protect against established infections, nor do they protect against all HPV types. Screening can prevent cervical cancer by detecting precancerous lesions. As screening has become more common, preinvasive lesions of the cervix are detected far more frequently than invasive cancer.

Early Detection

The Pap test is a simple procedure in which a small sample of cells is collected from the cervix and examined.¹ The American Cancer Society, in collaboration with the American Society for Colposcopy and Cervical Pathology and the American Society for Clinical Pathology, recommends screening for women ages 21 to 65, with an emphasis on the incorporation of HPV testing in addition to the Pap test for ages 30 to 65.

When detected at a localized stage, the 5-year survival rate for invasive cervical cancer is 91 percent.¹ As a group, females 18 years of age and older in Alabama have a higher rate of cervical cancer screening than the US average.⁵ Females of low education have the lowest rate of screening for all ages and races.⁵ (See page 12 for the American Cancer Society's screening guidelines for the early detection of cervical cancer and Table 17, page 28, for more information on cervical cancer screening rates in Alabama.)

American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention

Individual Choices

Achieve and maintain a healthy weight throughout life.

- Be as lean as possible throughout life without being underweight.
- Avoid excess weight gain at all ages. For those who are currently overweight or obese, losing even a small amount of weight has health benefits and is a good place to start.
- Engage in regular physical activity and limit consumption of high-calorie foods and beverages as key strategies for maintaining a healthy weight.

Adopt a physically active lifestyle.

- Adults should engage in at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity physical activity each week, or an equivalent combination, preferably spread throughout the week.
- Children and adolescents should engage in at least 1 hour of moderate or vigorous intensity physical activity each day, with vigorous intensity activity at least 3 days each week.
- Limit sedentary behavior such as sitting, lying down, and watching television and other forms of screen-based entertainment.
- Doing any intentional physical activity above usual activities, no matter what the level of activity, can have many health benefits.

Consume a healthy diet, with an emphasis on plant foods.

- Choose foods and beverages in amounts that help achieve and maintain a healthy weight.
- Limit consumption of red and processed meats.
- Eat at least 2½ cups of vegetables and fruits each day.
- Choose whole grain instead of refined grain products.

Limit consumption of alcoholic beverages.

- Drink no more than 1 drink per day for women or 2 per day for men.

Community Action

It is recommended that public, private, and community organizations work collaboratively at national, state, and local levels to apply policy and environmental changes that:

- Increase access to affordable, healthy foods in communities, worksites, and schools; decrease access to and marketing of foods and beverages of low nutritional value, particularly to youth.
- Provide safe, enjoyable, and accessible environments for physical activity in schools and worksites, and for transportation and recreation in communities.

American Cancer Society Recommendations for the Early Detection of Cancer in Average-risk Asymptomatic People*

Cancer Site	Population	Test or Procedure	Recommendation
Breast	Women, ages 40-54	Mammography	Women should undergo regular screening mammography starting at age 45. Women ages 45 to 54 should be screened annually. Women should have the opportunity to begin annual screening between the ages of 40 and 44.
	Women, ages 55+		Transition to screening every 2 years, or have the opportunity to continue annual screening. Continue screening as long as overall health is good and life expectancy is 10+ years.
Cervix	Women, ages 21-29	Pap test	Screening should be done every 3 years with conventional or liquid-based Pap tests.
	Women, ages 30-65	Pap test & HPV DNA test	Screening should be done every 5 years with both the HPV test and the Pap test (preferred), or every 3 years with the Pap test alone (acceptable).
	Women, ages 66+	Pap test & HPV DNA test	Women ages 66+ who have had 3 or more consecutive negative Pap tests or 2 or more consecutive negative HPV and Pap tests within the past 10 years, with the most recent test occurring in the past 5 years should stop cervical cancer screening.
	Women who have had a total hysterectomy		Stop cervical cancer screening.
Colorectal†	Men and women, ages 50+	Guaiac-based fecal occult blood test (gFOBT) with at least 50% sensitivity or fecal immunochemical test (FIT) with at least 50% sensitivity, OR	Annual testing of spontaneously passed stool specimens. Single stool testing during a clinician office visit is not recommended, nor are “throw in the toilet bowl” tests. In comparison with guaiac-based tests for the detection of occult blood, immunochemical tests are more patient-friendly and are likely to be equal or better in sensitivity and specificity. There is no justification for repeating FOBT in response to an initial positive finding.
		Stool DNA test, OR	Every 3 years
		Flexible sigmoidoscopy (FSIG), OR	Every 5 years alone, or consideration can be given to combining FSIG performed every 5 years with a highly sensitive gFOBT or FIT performed annually.
		Double-contrast barium enema, OR	Every 5 years
		Colonoscopy, OR	Every 10 years
CT Colonography	Every 5 years		
Endometrial	Women at menopause		Women should be informed about risks and symptoms of endometrial cancer and encouraged to report unexpected bleeding to a physician.
Lung	Current or former smokers ages 55-74 in good health with 30+ pack-year history	Low-dose helical CT (LDCT)	Clinicians with access to high-volume, high-quality lung cancer screening and treatment centers should initiate a discussion about annual lung cancer screening with apparently healthy patients ages 55-74 who have at least a 30 pack-year smoking history, and who currently smoke or have quit within the past 15 years. A process of informed and shared decision making with a clinician related to the potential benefits, limitations, and harms associated with screening for lung cancer with LDCT should occur before any decision is made to initiate lung cancer screening. Smoking cessation counseling remains a high priority for clinical attention in discussions with current smokers, who should be informed of their continuing risk of lung cancer. Screening should not be viewed as an alternative to smoking cessation
Prostate	Men, ages 50+	Prostate-specific antigen (PSA) test with or without digital rectal examination	Men who have at least a 10-year life expectancy should have an opportunity to make an informed decision with their health care provider about whether to be screened for prostate cancer, after receiving information about the potential benefits, risks, and uncertainties associated with prostate cancer screening. Prostate cancer screening should not occur without an informed decision-making process.

CT-Computed tomography. *All individuals should become familiar with the potential benefits, limitations, and harms associated with cancer screening. †All positive tests (other than colonoscopy) should be followed up with colonoscopy.

Cancer Incidence Tables

Table 1. Alabama Cancer Incidence Rates and Counts, by Site and Sex, 2005-2014 Combined

Males	Rate	Count	Females	Rate	Count
All Sites	555.4	133,308	All Sites	396.4	114,800
Oral Cavity and Pharynx	20.2	5,016	Oral Cavity and Pharynx	7.1	2,074
Digestive System	103.9	24,809	Digestive System	67.4	20,026
Esophagus	8.4	2,086	Esophagus	1.8	529
Stomach	8.8	2,043	Stomach	4.7	1,387
Small Intestine	2.7	654	Small Intestine	2.1	624
Colon and Rectum	55.4	13,121	Colon and Rectum	39.3	11,638
Colon Excluding Rectum	39.9	9,366	Colon Excluding Rectum	30.3	9,003
Rectum	15.5	3,755	Rectum	9.0	2,635
Anus, Anal Canal and Anorectum	1.5	350	Anus, Anal Canal and Anorectum	2.0	592
Liver and Intrahepatic Bile Duct	9.7	2,460	Liver and Intrahepatic Bile Duct	3.3	983
Gallbladder	0.7	160	Gallbladder	1.0	307
Pancreas	14.3	3,390	Pancreas	10.6	3,205
Other Digestive Organs	0.3	82	Other Digestive Organs	0.2	65
Respiratory System	108.2	25,939	Respiratory System	56.0	16,851
Larynx	8.7	2,187	Larynx	1.9	548
Lung and Bronchus	98.2	23,429	Lung and Bronchus	53.5	16,133
Bones and Joints	1.1	250	Bones and Joints	0.8	215
Soft Tissue Including Heart	3.8	856	Soft Tissue Including Heart	2.8	761
Skin (Excluding Basal and Squamous)	29.0	6,707	Skin (Excluding Basal and Squamous)	16.5	4,517
Melanoma of the Skin	27.0	6,295	Melanoma of the Skin	15.5	4,233
Other Non-Epithelial Skin	1.9	412	Other Non-Epithelial Skin	1.0	284
Breast	1.2	288	Breast	119.5	34,293
Female Genital System	*	*	Female Genital System	43.4	12,367
Cervix Uteri	*	*	Cervix Uteri	8.6	2,173
Corpus and Uterus, NOS	*	*	Corpus and Uterus, NOS	18.8	5,575
Corpus Uteri	*	*	Corpus Uteri	17.9	5,316
Uterus, NOS	*	*	Uterus, NOS	0.9	259
Ovary	*	*	Ovary	12.0	3,506
Vagina	*	*	Vagina	0.9	252
Vulva	*	*	Vulva	2.5	709
Other Female Genital Organs	*	*	Other Female Genital Organs	0.5	152
Male Genital System	149.6	37,320	Male Genital System	*	*
Prostate	143.9	36,042	Prostate	*	*
Testis	4.6	1,009	Testis	*	*
Penis	1.0	227	Penis	*	*
Other Male Genital Organs	0.2	42	Other Male Genital Organs	*	*
Urinary System	56.8	13,223	Urinary System	19.6	5,796
Urinary Bladder	33.8	7,611	Urinary Bladder	7.5	2,278
Kidney and Renal Pelvis	21.8	5,340	Kidney and Renal Pelvis	11.5	3,367
Ureter	0.9	204	Ureter	0.4	113
Other Urinary Organs	0.3	68	Other Urinary Organs	0.1	38
Eye and Orbit	1.2	274	Eye and Orbit	0.8	218
Brain and Other Nervous System	7.7	1,827	Brain and Other Nervous System	5.8	1,566
Endocrine System	5.3	1,269	Endocrine System	12.8	3,310
Thyroid	4.6	1,100	Thyroid	12.2	3,137
Other Endocrine Including Thymus	0.7	169	Other Endocrine Including Thymus	0.7	173
Lymphoma	22.6	5,246	Lymphoma	15.9	4,549
Hodgkin Lymphoma	2.7	629	Hodgkin Lymphoma	2.1	517
Non-Hodgkin Lymphoma	19.9	4,617	Non-Hodgkin Lymphoma	13.8	4,032
Myeloma	7.7	1,822	Myeloma	5.2	1,567
Leukemia	15.6	3,523	Leukemia	9.5	2,687
Lymphocytic Leukemia	7.4	1,693	Lymphocytic Leukemia	4.2	1,195
Acute Lymphocytic Leukemia	1.4	325	Acute Lymphocytic Leukemia	1.1	259
Chronic Lymphocytic Leukemia	5.3	1,227	Chronic Lymphocytic Leukemia	2.9	874
Myeloid and Monocytic Leukemia	6.9	1,569	Myeloid and Monocytic Leukemia	4.5	1,253
Acute Myeloid Leukemia	4.6	1,045	Acute Myeloid Leukemia	3.1	851
Chronic Myeloid Leukemia	1.8	405	Chronic Myeloid Leukemia	1.1	306
Other Leukemia	1.3	261	Other Leukemia	0.8	239
Miscellaneous	19.4	4,409	Miscellaneous	12.9	3,849

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard.

Rates and counts are for malignant cases only with the exception of urinary bladder and groups that contain urinary bladder.

Source: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2005-2014.

Table 2. Trends in Alabama Cancer Incidence Rates, Selected Sites, 2010-2014

Females									
Breast P-Value 0.051					Cervix P-Value 0.149				
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	2.5				Total PC	18.2			
Total APC	0.8		-0.1	1.6	Total APC	3.9		-2.4	10.6
2010 Rate	117.9	2.1	113.9	122.0	2010 Rate	7.9	0.6	6.8	9.1
2011 Rate	117.7	2.0	113.7	121.8	2011 Rate	8.1	0.6	7.0	9.3
2012 Rate	120.2	2.1	116.2	124.3	2012 Rate	9.4	0.6	8.2	10.8
2013 Rate	121.4	2.1	117.4	125.5	2013 Rate	8.5	0.6	7.4	9.8
2014 Rate	120.8	2.0	116.8	124.9	2014 Rate	9.3	0.6	8.2	10.6
Males					Males and Females				
Prostate P-Value 0.002					All Sites P-Value 0.001				
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	-28.6				Total PC	-6.1			
Total APC	-8.3*		-11.0	-5.7	Total APC	-1.5*		-1.8	-1.1
2010 Rate	150.5	2.5	145.6	155.4	2010 Rate	467.3	3.0	461.5	473.2
2011 Rate	146.0	2.4	141.2	150.9	2011 Rate	458.8	2.9	453.1	464.6
2012 Rate	126.5	2.2	122.2	131.0	2012 Rate	455.2	2.9	449.5	460.9
2013 Rate	119.5	2.1	115.3	123.8	2013 Rate	448.0	2.9	442.5	453.7
2014 Rate	107.4	2.0	103.6	111.4	2014 Rate	438.9	2.8	433.4	444.5
Males and Females									
Colorectal P-Value 0.139					Lung P-Value 0.001				
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	0.1				Total PC	-11.0			
Total APC	0.5		-1.7	2.8	Total APC	-2.9*		-3.7	-2.1
2010 Rate	44.2	0.9	42.4	46.0	2010 Rate	73.2	1.2	70.9	75.5
2011 Rate	42.1	0.9	40.4	43.9	2011 Rate	71.8	1.1	69.6	74.1
2012 Rate	44.0	0.9	42.3	45.8	2012 Rate	70.2	1.1	68.0	72.4
2013 Rate	44.2	0.9	42.4	46.0	2013 Rate	67.5	1.1	65.4	69.7
2014 Rate	44.2	0.9	42.5	46.0	2014 Rate	65.1	1.1	63.1	67.2
Males and Females									
Melanoma P-Value 0.181					Oral P-Value 0.772				
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	-11.6				Total PC	-3.0			
Total APC	-3.3		-9.2	2.9	Total APC	-0.3		-3.2	2.7
2010 Rate	21.6	0.7	20.3	22.9	2010 Rate	13.3	0.5	12.4	14.4
2011 Rate	20.6	0.6	19.4	21.9	2011 Rate	12.5	0.5	11.5	13.5
2012 Rate	22.2	0.7	21.0	23.5	2012 Rate	13.2	0.5	12.3	14.2
2013 Rate	18.7	0.6	17.5	19.9	2013 Rate	12.9	0.5	12.0	13.9
2014 Rate	19.1	0.6	17.9	20.3	2014 Rate	12.9	0.5	12.0	13.9

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard; Confidence intervals are 95% for rates and trends.

Rates are for malignant cases only with the exception of All Sites, which includes bladder cancer *in situ*.

Percent changes were calculated using 1 year for each end point; APCs were calculated using weighted least squares method.

* The APC is significantly different from zero (p<0.05).

Source: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2010-2014.

Table 3. Alabama Cancer Incidence Rates and Counts, by County, Males and Females, All Races, 2005-2014 Combined

	All Sites		Lung		Colorectal		Oral		Melanoma	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	462.8	248,108	72.6	39,562	46.4	24,759	13.1	7,090	20.2	10,528
Autauga	469.5	2,581	77.2	423	51.8	277	11.7	67	24.4	137
Baldwin	453.8	10,584	68.8	1,671	41.8	963	12.8	299	28.8	633
Barbour	462.1	1,490	76.5	249	47.9	153	16.9	54	10.0	31
Bibb	483.9	1,210	82.4	212	49.4	119	16.0	41	16.8	40
Blount	431.0	2,877	74.7	521	44.0	289	10.7	73	24.2	155
Bullock	483.5	602	66.7	85	66.6	84	17.9	22	^	^
Butler	441.5	1,143	66.1	180	49.5	132	12.3	34	16.5	42
Calhoun	468.7	6,400	85.1	1,190	50.9	688	16.1	219	19.7	263
Chambers	520.9	2,312	78.3	355	51.1	231	17.9	83	16.7	72
Cherokee	435.6	1,564	80.8	308	36.3	133	13.8	52	13.9	46
Chilton	439.7	2,153	79.0	401	36.4	177	13.7	67	20.8	99
Choctaw	422.1	807	61.4	123	51.0	98	11.1	21	7.4	16
Clarke	468.0	1,479	68.3	223	60.8	192	10.9	35	24.5	72
Clay	493.4	900	91.3	173	48.5	89	9.5	18	23.8	39
Cleburne	462.7	845	77.0	146	56.6	106	16.0	29	16.5	28
Coffee	433.2	2,480	71.9	423	33.8	190	11.9	67	19.6	109
Colbert	434.4	3,076	75.7	554	49.3	356	12.6	88	23.0	155
Conecuh	477.3	833	72.2	133	51.8	90	18.8	35	18.0	31
Coosa	411.5	638	75.0	122	44.5	66	^	^	11.6	16
Covington	457.2	2,338	78.2	412	54.0	281	12.1	61	20.0	98
Crenshaw	400.1	701	59.1	110	47.4	83	14.1	26	21.0	36
Cullman	432.7	4,241	71.6	734	40.1	395	16.7	165	30.3	284
Dale	460.6	2,557	81.6	464	40.2	222	17.6	100	20.4	107
Dallas	491.1	2,446	76.6	388	60.7	302	11.4	57	12.5	58
DeKalb	410.6	3,279	67.7	551	41.0	325	11.8	94	17.3	131
Elmore	478.1	3,922	81.8	664	45.8	367	15.2	127	27.8	232
Escambia	463.8	2,100	79.7	372	47.6	216	13.2	61	15.1	66
Etowah	472.4	6,121	81.6	1,089	45.6	597	14.5	191	20.8	254
Fayette	453.6	1,036	74.6	179	47.7	109	10.4	23	19.2	41
Franklin	433.3	1,601	77.5	297	45.7	172	10.8	39	18.9	67
Geneva	470.9	1,672	88.4	329	37.3	132	18.7	67	30.6	100
Greene	479.1	551	68.8	81	57.8	68	^	^	^	^
Hale	440.8	841	62.6	122	40.0	77	12.1	24	13.5	25
Henry	500.3	1,163	70.5	172	46.1	105	15.9	37	22.5	52
Houston	477.1	5,520	71.2	845	47.6	548	15.9	187	20.8	234
Jackson	450.9	3,042	80.1	570	46.8	309	11.7	80	22.2	138
Jefferson	478.5	34,734	67.1	4,877	46.6	3,387	12.1	890	17.4	1,239
Lamar	482.1	974	79.8	169	53.5	109	13.6	29	22.3	41
Lauderdale	446.8	5,203	70.6	859	46.9	543	12.3	142	26.4	296
Lawrence	485.8	1,982	91.3	379	54.9	221	12.6	51	23.2	93
Lee	408.6	4,752	55.4	624	36.6	424	12.5	146	13.9	171
Limestone	455.7	4,012	73.9	655	39.8	356	11.1	102	19.3	166
Lowndes	503.0	678	68.1	96	69.2	93	^	^	13.2	17
Macon	433.9	1,068	56.1	143	49.7	121	15.3	39	6.1	15
Madison	442.9	15,452	64.3	2,234	41.5	1,426	12.0	431	18.7	643
Marengo	453.4	1,196	62.1	172	54.6	144	10.8	27	11.7	30
Marion	444.7	1,843	77.6	338	48.8	201	15.3	66	18.4	72
Marshall	451.8	4,824	82.0	905	44.7	471	15.3	161	21.9	225
Mobile	475.0	21,152	76.8	3,433	51.4	2,278	12.4	560	18.8	816
Monroe	432.1	1,201	60.0	175	58.1	162	8.7	23	15.2	38
Montgomery	438.0	10,161	62.6	1,447	49.2	1,132	11.9	280	17.0	391
Morgan	491.1	6,701	78.0	1,092	45.6	616	14.5	202	23.9	310
Perry	484.5	617	74.2	100	46.6	60	^	^	^	^
Pickens	445.7	1,145	67.4	186	44.4	116	12.0	31	12.6	30
Pike	444.4	1,470	66.1	225	40.7	135	15.5	52	25.2	79
Randolph	436.2	1,290	64.7	200	46.3	136	11.5	34	15.9	44
Russell	489.9	2,784	77.1	446	53.7	300	14.6	84	15.0	83
St. Clair	459.6	4,180	82.4	758	42.3	377	13.8	130	23.0	201
Shelby	450.6	8,550	61.4	1,104	39.2	730	11.6	225	25.8	495
Sumter	444.1	708	65.4	107	46.9	78	15.3	23	^	^
Talladega	473.0	4,556	79.9	785	52.1	499	14.2	139	18.1	165
Tallapoosa	461.1	2,514	73.2	419	42.4	229	12.6	67	19.6	103
Tuscaloosa	478.4	8,597	74.3	1,324	47.1	838	11.4	210	16.1	289
Walker	496.8	4,261	92.1	835	45.7	387	15.2	131	21.0	162
Washington	463.7	958	69.2	144	50.2	106	12.1	24	19.7	38
Wilcox	493.0	689	74.8	108	70.7	98	11.5	16	^	^
Winston	448.9	1,459	90.2	302	48.6	152	14.1	49	20.5	64

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only except for All Sites, which contains *in situ* bladder cases.

^ Statistic not displayed due to fewer than 15 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2005-2014.

Table 4. Alabama Cancer Incidence Rates and Counts, by County, Males, All Races, 2005-2014 Combined

	All Sites		Lung		Colorectal		Prostate		Oral		Melanoma	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	555.4	133,308	98.2	23,429	55.4	13,121	143.9	36,042	20.2	5,016	27.0	6,295
Autauga	530.8	1,319	103.0	245	59.1	143	111.6	286	18.2	49	31.6	83
Baldwin	524.5	5,788	83.9	946	48.4	526	129.1	1,505	18.5	205	37.0	388
Barbour	570.4	831	114.6	160	52.6	76	180.9	272	24.1	38	19.3	26
Bibb	563.9	651	102.4	122	60.2	66	136.7	159	22.3	30	21.6	23
Blount	511.6	1,577	97.5	308	55.0	162	105.7	342	14.3	48	31.1	93
Bullock	541.7	328	94.6	60	74.3	43	158.3	100	^	^	^	^
Butler	539.7	617	104.6	120	65.1	72	135.7	162	19.8	24	22.7	25
Calhoun	590.2	3,511	118.1	695	66.0	383	137.7	862	25.2	156	24.4	145
Chambers	629.9	1,247	106.3	211	54.4	110	168.7	347	26.3	55	23.2	45
Cherokee	524.7	886	110.1	190	48.3	82	126.9	234	23.8	41	21.7	33
Chilton	521.5	1,180	108.7	252	42.9	96	119.0	281	22.5	52	24.9	55
Choctaw	532.4	463	88.0	77	68.4	58	171.6	159	17.8	16	^	^
Clarke	571.5	812	103.4	146	80.7	114	141.2	210	14.9	22	26.2	37
Clay	604.2	511	125.4	108	66.6	57	144.4	125	^	^	31.7	25
Cleburne	547.8	468	94.1	82	72.7	63	103.7	92	28.2	25	20.9	17
Coffee	532.8	1,386	98.4	253	41.4	107	154.6	419	16.2	43	27.1	71
Colbert	517.2	1,647	103.8	336	59.7	190	86.7	294	22.0	70	32.9	103
Conecuh	536.3	447	111.8	92	52.8	42	125.1	111	30.1	27	20.6	18
Coosa	483.9	361	106.5	82	55.3	39	121.0	94	^	^	^	^
Covington	538.4	1,226	94.3	219	72.3	159	123.0	302	19.3	46	26.0	57
Crenshaw	475.2	378	82.1	70	71.0	54	105.8	87	20.7	17	22.3	18
Cullman	504.4	2,264	99.0	457	45.5	201	90.7	429	24.9	111	37.7	167
Dale	552.1	1,392	106.6	267	48.1	125	142.2	372	27.6	73	31.8	72
Dallas	602.7	1,304	104.6	230	69.2	146	200.2	449	15.1	34	16.5	32
DeKalb	499.6	1,824	92.9	333	44.2	162	136.7	512	15.6	61	23.4	81
Elmore	558.4	2,110	110.2	408	59.4	214	116.4	464	22.8	90	35.2	136
Escambia	579.6	1,194	117.8	241	59.8	121	137.6	293	19.4	43	19.0	38
Etowah	575.2	3,323	105.0	616	54.8	318	146.2	881	25.5	145	25.2	141
Fayette	529.8	554	89.0	99	68.3	69	131.1	147	19.6	19	24.7	24
Franklin	486.9	823	103.7	181	54.5	94	83.5	147	18.4	30	22.3	36
Geneva	564.6	919	119.1	198	41.1	67	150.0	259	26.7	42	33.6	49
Greene	564.0	296	90.1	49	71.6	39	201.1	111	^	^	^	^
Hale	566.7	491	95.5	83	42.4	35	183.4	168	19.0	18	21.4	18
Henry	629.0	672	100.9	109	57.4	59	189.9	216	29.8	31	34.1	34
Houston	579.5	2,972	92.3	477	61.0	300	158.6	853	24.6	130	29.0	144
Jackson	523.0	1,615	108.4	356	49.7	152	102.0	331	17.9	57	29.4	85
Jefferson	584.0	18,167	92.7	2,797	55.3	1,708	169.9	5,491	19.3	621	24.9	749
Lamar	570.5	537	99.9	94	61.6	57	147.5	145	18.8	19	32.3	27
Lauderdale	539.0	2,808	100.3	528	54.9	284	118.7	647	20.7	108	35.1	179
Lawrence	615.0	1,141	127.5	242	66.7	121	144.4	272	19.1	36	30.8	59
Lee	466.8	2,425	70.0	350	42.0	219	139.9	726	20.2	106	17.8	93
Limestone	556.4	2,258	97.2	389	48.9	204	141.9	596	17.2	75	26.0	101
Lowndes	616.0	388	92.9	60	85.4	52	184.7	123	^	^	^	^
Macon	535.8	577	75.5	85	61.3	64	196.1	210	25.9	30	^	^
Madison	499.8	7,878	81.2	1,242	48.8	751	125.9	2,098	16.9	285	24.6	375
Marengo	573.3	675	93.2	113	69.2	78	180.3	227	18.1	21	13.3	15
Marion	515.7	1,003	111.6	223	55.0	109	109.0	220	24.8	51	22.8	42
Marshall	544.0	2,606	108.0	523	51.7	243	110.4	562	22.2	111	28.9	130
Mobile	575.8	11,338	102.2	1,974	61.6	1,196	150.4	3,102	18.6	382	26.4	503
Monroe	518.0	646	89.7	117	63.6	77	122.7	164	15.5	19	22.9	26
Montgomery	520.4	5,146	88.5	855	56.5	549	141.0	1,439	18.6	194	24.5	235
Morgan	598.6	3,706	103.4	635	56.1	344	163.1	1,054	22.9	147	29.2	178
Perry	621.3	350	120.9	71	61.2	34	206.5	121	^	^	^	^
Pickens	536.0	629	96.1	115	54.2	63	165.4	202	17.3	21	15.3	16
Pike	542.4	810	95.6	144	48.4	70	150.7	241	27.5	43	29.1	42
Randolph	541.8	727	87.1	119	68.7	92	139.8	198	12.0	17	17.6	24
Russell	599.6	1,461	108.9	270	64.6	153	156.2	387	25.5	65	20.2	48
St. Clair	555.8	2,316	111.4	455	49.9	205	124.0	552	21.8	99	32.2	128
Shelby	532.5	4,593	77.2	627	43.5	382	154.6	1,410	17.4	158	33.2	290
Sumter	604.9	409	123.5	83	54.0	36	206.9	146	^	^	^	^
Talladega	576.0	2,514	112.1	492	65.4	285	144.1	651	22.5	100	24.1	100
Tallapoosa	546.4	1,367	98.0	252	48.6	120	134.8	363	19.1	47	26.2	61
Tuscaloosa	572.0	4,541	105.4	808	56.3	443	161.2	1,317	18.0	148	22.0	171
Walker	601.9	2,335	119.0	487	53.0	198	130.2	538	24.6	93	27.8	101
Washington	579.5	562	104.6	99	57.1	58	145.6	151	21.5	19	26.1	24
Wilcox	619.4	379	122.7	73	89.1	50	183.9	122	^	^	^	^
Winston	536.2	812	126.5	194	60.9	87	91.6	147	22.1	37	29.1	42

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only except for All Sites, which contains *in situ* bladder cases.

^ Statistic not displayed due to fewer than 15 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2005-2014.

Table 5. Alabama Cancer Incidence Rates and Counts, by County, Females, All Races, 2005-2014 Combined

	All Sites		Lung		Colorectal		Breast		Cervix		Oral		Melanoma	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	396.4	114,800	53.5	16,133	39.3	11,638	119.5	34,293	8.6	2,173	7.1	2,074	15.5	4,233
Autauga	426.2	1,262	59.0	178	45.8	134	138.1	416	11.7	32	5.9	18	18.6	54
Baldwin	395.0	4,796	56.3	725	35.7	437	122.3	1,490	7.4	72	7.7	94	21.9	245
Barbour	395.1	659	50.7	89	43.4	77	131.5	208	^	^	9.8	16	^	^
Bibb	442.0	559	67.6	90	41.5	53	140.3	176	^	^	^	^	14.6	17
Blount	369.0	1,300	56.9	213	35.4	127	110.7	391	11.7	33	7.2	25	18.1	62
Bullock	446.4	274	38.7	25	60.3	41	140.3	80	^	^	^	^	^	^
Butler	376.3	526	39.2	60	38.3	60	128.1	172	18.0	20	^	^	12.6	17
Calhoun	386.5	2,889	63.1	495	39.9	305	103.4	761	7.6	50	8.5	63	16.8	118
Chambers	442.4	1,065	57.7	144	46.9	121	117.1	273	17.2	35	10.4	28	11.3	27
Cherokee	367.8	678	58.0	118	26.4	51	106.4	187	11.8	18	^	^	^	^
Chilton	380.9	973	54.7	149	31.2	81	114.9	292	10.0	21	6.3	15	17.9	44
Choctaw	339.4	344	42.0	46	37.2	40	117.9	114	^	^	^	^	^	^
Clarke	390.9	667	40.7	77	45.5	78	122.5	206	^	^	^	^	23.5	35
Clay	409.9	389	65.0	65	32.1	32	126.2	118	^	^	^	^	^	^
Cleburne	400.5	377	64.6	64	42.2	43	96.8	89	^	^	^	^	^	^
Coffee	359.4	1,094	52.7	170	27.0	83	109.1	326	8.8	21	7.9	24	14.0	38
Colbert	376.3	1,429	54.4	218	41.4	166	116.3	432	7.2	22	4.9	18	15.8	52
Conecuh	433.9	386	40.9	41	50.7	48	157.1	136	^	^	^	^	^	^
Coosa	353.3	277	46.4	40	35.3	27	94.3	73	^	^	^	^	^	^
Covington	399.6	1,112	68.4	193	41.2	122	104.4	293	7.7	17	5.7	15	16.2	41
Crenshaw	345.0	323	39.6	40	29.6	29	94.4	87	^	^	^	^	19.3	18
Cullman	382.4	1,977	49.4	277	36.1	194	109.7	563	9.9	43	9.8	54	25.0	117
Dale	391.1	1,165	63.0	197	33.0	97	121.1	356	6.5	17	8.7	27	12.2	35
Dallas	411.4	1,142	55.7	158	55.0	156	127.5	346	9.8	24	8.1	23	10.0	26
DeKalb	343.3	1,455	49.4	218	37.9	163	94.7	399	7.1	27	8.1	33	13.1	50
Elmore	415.6	1,812	58.7	256	35.5	153	128.8	573	10.3	43	8.6	37	22.1	96
Escambia	385.7	906	51.6	131	38.4	95	116.4	266	^	^	7.2	18	12.4	28
Etowah	399.9	2,798	63.8	473	38.2	279	107.9	748	10.9	58	6.2	46	18.1	113
Fayette	393.6	482	61.0	80	30.8	40	126.4	154	^	^	^	^	14.8	17
Franklin	397.1	778	56.3	116	39.0	78	113.8	226	^	^	^	^	16.4	31
Geneva	401.0	753	64.6	131	34.2	65	108.5	204	^	^	12.6	25	29.3	51
Greene	407.2	255	53.1	32	45.6	29	137.8	82	^	^	^	^	^	^
Hale	343.4	350	36.7	39	38.9	42	108.6	106	^	^	^	^	^	^
Henry	395.9	491	47.5	63	36.0	46	128.4	151	^	^	^	^	14.9	18
Houston	406.1	2,548	55.7	368	38.3	248	113.8	700	10.8	58	9.2	57	15.2	90
Jackson	403.4	1,427	56.4	214	44.2	157	112.6	391	7.8	23	6.5	23	17.1	53
Jefferson	406.1	16,567	49.5	2,080	40.1	1,679	131.6	5,271	8.5	301	6.4	269	12.6	490
Lamar	413.8	437	65.8	75	49.9	52	128.8	135	^	^	^	^	^	^
Lauderdale	383.2	2,395	49.6	331	39.8	259	103.6	627	8.0	42	5.3	34	20.7	117
Lawrence	390.1	841	61.7	137	46.0	100	99.6	217	^	^	7.6	15	17.0	34
Lee	369.1	2,327	44.3	274	32.9	205	112.5	714	7.8	49	6.4	40	11.7	78
Limestone	381.2	1,754	55.8	266	32.0	152	110.2	512	10.0	42	5.8	27	14.9	65
Lowndes	401.3	290	48.7	36	53.6	41	122.9	86	^	^	^	^	^	^
Macon	362.2	491	41.6	58	40.3	57	100.5	136	14.1	17	^	^	^	^
Madison	402.8	7,574	51.9	992	35.6	675	125.8	2,387	6.5	110	7.8	146	14.6	268
Marengo	361.4	521	38.1	59	43.5	66	113.4	155	^	^	^	^	10.6	15
Marion	391.8	840	48.5	115	43.6	92	114.8	244	10.9	17	6.5	15	15.5	30
Marshall	389.7	2,218	63.5	382	38.7	228	94.7	542	8.3	37	8.9	50	17.7	95
Mobile	402.3	9,814	58.2	1,459	43.4	1,082	122.0	2,960	7.8	167	7.2	178	13.6	313
Monroe	371.3	555	35.9	58	55.1	85	122.8	181	^	^	^	^	^	^
Montgomery	383.4	5,015	45.0	592	43.5	583	122.8	1,589	9.5	113	6.5	86	11.9	156
Morgan	410.7	2,995	59.5	457	37.2	272	116.2	851	10.1	63	7.3	55	19.8	132
Perry	382.8	267	38.3	29	35.7	26	130.7	87	^	^	^	^	^	^
Pickens	379.3	516	45.7	71	36.9	53	143.3	182	^	^	^	^	^	^
Pike	372.2	660	43.8	81	34.8	65	108.2	190	^	^	^	^	22.6	37
Randolph	362.7	563	48.0	81	28.1	44	103.5	161	^	^	10.5	17	14.5	20
Russell	421.1	1,323	54.6	176	45.9	147	127.1	393	10.7	30	5.9	19	12.1	35
St. Clair	388.4	1,864	60.3	303	35.8	172	106.5	513	9.6	41	6.8	31	16.2	73
Shelby	387.4	3,957	49.1	477	35.3	348	123.9	1,305	5.8	60	6.4	67	19.9	205
Sumter	328.6	299	25.4	24	42.0	42	99.6	93	^	^	^	^	^	^
Talladega	398.2	2,042	54.6	293	41.1	214	113.2	579	10.7	47	7.5	39	13.7	65
Tallapoosa	398.1	1,147	53.9	167	37.2	109	106.0	302	15.6	37	6.3	20	15.1	42
Tuscaloosa	413.5	4,056	51.5	516	40.1	395	134.7	1,311	6.8	63	6.2	62	12.1	118
Walker	423.2	1,926	71.1	348	41.0	189	106.0	482	13.9	50	7.9	38	16.1	61
Washington	368.9	396	40.9	45	44.5	48	124.8	135	^	^	^	^	^	^
Wilcox	403.8	310	43.5	35	58.6	48	98.8	70	^	^	^	^	^	^
Winston	386.8	647	59.0	108	39.0	65	112.2	185	^	^	^	^	15.3	22

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites, which contains *in situ* bladder cases.

^ Statistic not displayed due to fewer than 15 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2005-2014.

Table 6. Alabama Cancer Incidence Rates and Counts, by County, Males and Females by Race, 2005-2014 Combined

	All Sites				Lung				Colorectal				Oral				Melanoma			
	White		Black		White		Black		White		Black		White		Black		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	460.2	191,310	465.7	52,828	75.1	32,242	63.7	7,085	44.2	18,346	55.3	6,111	13.7	5,752	10.1	1,228	26.2	10,403	1.0	103
Autauga	458.1	2,105	517.9	433	78.8	365	72.2	56	49.3	222	65.8	51	11.8	56	^	^	29.6	137	^	^
Baldwin	453.8	9,756	419.7	648	69.8	1,570	59.3	87	41.2	876	51.8	78	13.1	280	7.9	15	31.4	631	^	^
Barbour	479.8	940	434.8	535	79.3	162	69.6	85	45.2	88	53.3	63	21.0	41	^	^	16.3	30	^	^
Bibb	484.5	995	493.4	209	84.6	183	66.3	29	52.2	103	45.7	16	17.2	36	^	^	21.1	40	^	^
Blount	428.3	2,800	402.6	36	75.3	515	^	^	44.6	286	^	^	10.5	70	^	^	24.6	154	^	^
Bullock	533.1	220	457.4	374	94.7	41	53.1	44	62.6	25	69.6	59	^	^	^	^	^	^	^	^
Butler	431.0	723	452.2	407	74.5	134	50.2	46	41.2	72	65.7	59	14.6	27	^	^	26.2	41	^	^
Calhoun	474.1	5,402	455.0	945	89.0	1,056	64.2	129	50.4	572	55.5	108	16.9	188	13.2	28	23.6	260	^	^
Chambers	545.4	1,627	464.9	654	89.5	274	53.5	78	49.5	152	53.7	74	21.7	69	^	^	25.1	70	^	^
Cherokee	430.7	1,473	525.5	79	81.6	296	^	^	37.6	131	^	^	14.3	51	^	^	14.7	46	^	^
Chilton	430.5	1,917	515.4	212	77.4	359	103.9	42	36.6	163	^	^	13.7	60	^	^	22.4	97	^	^
Choctaw	419.5	493	419.3	310	62.1	79	55.7	43	45.9	54	59.6	44	^	^	^	^	11.7	16	^	^
Clarke	458.5	941	471.0	528	73.9	162	54.8	61	49.3	102	80.1	89	11.0	24	^	^	39.5	102	^	^
Clay	490.9	782	527.0	113	89.6	150	123.9	23	49.7	80	^	^	9.9	16	^	^	27.7	39	^	^
Cleburne	456.3	799	642.5	41	76.6	139	^	^	57.1	102	^	^	15.0	26	^	^	17.3	28	^	^
Coffee	437.1	2,073	421.1	357	73.4	361	71.9	59	32.9	153	37.2	31	11.5	54	^	^	23.9	109	^	^
Colbert	436.3	2,632	427.0	429	79.5	497	55.1	57	46.4	285	65.6	70	13.1	78	^	^	27.1	154	^	^
Conecuh	457.7	490	512.9	340	79.2	91	57.2	42	47.3	55	53.7	35	25.7	27	^	^	29.6	30	^	^
Coosa	417.9	468	383.5	162	84.9	102	44.9	20	40.5	44	50.8	21	^	^	^	^	16.7	16	^	^
Covington	453.6	2,088	490.7	233	77.8	370	79.7	38	53.0	248	66.3	31	12.5	56	^	^	22.0	97	^	^
Crenshaw	404.7	547	379.1	145	60.9	89	48.4	19	47.4	63	47.5	19	15.7	23	^	^	27.5	36	^	^
Cullman	431.2	4,151	423.8	36	71.2	718	^	^	40.5	391	^	^	16.8	163	^	^	30.7	283	^	^
Dale	464.1	2,127	451.9	386	86.5	411	52.6	46	40.3	184	40.2	36	18.2	85	^	^	24.8	107	^	^
Dallas	511.3	1,075	467.8	1,336	87.7	191	67.2	195	48.4	107	69.4	194	12.9	29	9.7	28	30.3	53	^	^
DeKalb	409.1	3,165	431.6	55	68.1	540	^	^	40.9	315	^	^	12.1	93	^	^	17.8	130	^	^
Elmore	475.9	3,317	470.5	549	80.9	567	88.7	94	46.7	321	42.6	46	15.5	110	^	^	33.0	230	^	^
Escambia	477.6	1,553	452.0	505	83.2	283	72.5	82	45.2	148	57.9	64	15.4	51	^	^	21.2	65	^	^
Etowah	468.1	5,316	483.3	716	83.6	987	69.9	100	44.3	512	49.4	74	14.4	167	15.2	23	23.9	251	^	^
Fayette	451.4	912	429.4	107	76.8	163	60.1	16	46.0	92	61.9	17	11.2	22	^	^	21.4	40	^	^
Franklin	436.3	1,536	410.8	58	80.0	293	^	^	45.1	162	^	^	10.7	37	^	^	19.9	67	^	^
Geneva	477.1	1,539	415.9	121	92.4	313	45.9	15	38.6	124	^	^	18.5	61	^	^	34.0	100	^	^
Greene	532.9	147	464.2	398	91.1	29	61.1	52	^	^	66.3	57	^	^	^	^	^	^	^	^
Hale	438.3	411	435.1	423	71.9	69	53.5	53	41.3	39	38.1	38	^	^	^	^	27.4	24	^	^
Henry	503.8	866	481.2	286	75.0	138	56.6	33	47.6	78	44.9	27	15.9	29	^	^	30.6	52	^	^
Houston	474.7	4,378	496.7	1,098	73.0	702	64.0	140	44.2	409	61.9	136	17.8	165	8.2	20	26.5	232	^	^
Jackson	453.1	2,906	415.6	94	82.1	557	^	^	46.9	295	^	^	11.8	77	^	^	23.5	138	^	^
Jefferson	471.0	21,713	487.5	12,535	67.9	3,215	65.6	1,638	42.7	1,997	54.2	1,347	13.1	603	10.0	276	27.3	1,214	0.9	22
Lamar	480.3	882	472.7	87	80.3	154	79.1	15	56.7	104	^	^	13.6	26	^	^	24.8	41	^	^
Lauderdale	441.6	4,724	497.6	439	70.5	791	70.7	63	44.0	469	80.6	70	12.3	128	^	^	28.8	294	^	^
Lawrence	506.9	1,749	465.0	223	99.4	352	52.2	26	56.3	193	60.7	28	13.8	47	^	^	27.6	92	^	^
Lee	395.3	3,486	457.2	1,163	54.6	474	60.4	145	34.0	298	43.8	113	13.4	116	10.1	28	18.2	167	^	^
Limestone	459.4	3,553	398.3	387	76.1	602	60.5	51	40.0	314	42.1	42	11.5	92	^	^	22.1	166	^	^
Lowndes	550.8	261	472.7	412	86.9	48	53.7	48	67.2	33	68.9	60	^	^	^	^	43.4	16	^	^
Macon	489.8	237	418.0	822	80.4	40	50.6	103	41.3	19	52.4	102	^	^	14.3	29	^	^	^	^
Madison	437.1	12,130	451.6	2,752	65.2	1,841	62.8	361	39.1	1,078	54.2	314	12.8	362	8.6	59	23.6	639	^	^
Marengo	445.6	649	450.8	532	68.0	108	53.1	64	43.1	61	67.7	82	^	^	12.6	15	21.2	28	^	^
Marion	444.2	1,775	451.9	58	78.1	329	^	^	48.9	193	^	^	15.6	65	^	^	19.1	71	^	^
Marshall	448.5	4,665	492.7	67	82.0	886	^	^	44.6	458	^	^	15.4	158	^	^	22.4	224	^	^
Mobile	479.2	14,702	474.9	6,147	80.3	2,512	68.9	887	49.2	1,515	59.5	744	13.3	412	10.5	140	27.1	803	^	^
Monroe	426.6	760	449.4	433	63.2	123	54.2	52	54.5	101	64.6	60	^	^	^	^	23.8	36	^	^
Montgomery	444.5	5,758	424.6	4,205	64.4	874	59.2	561	47.2	625	51.4	499	13.2	169	9.6	103	30.7	380	^	^
Morgan	491.9	6,067	487.3	555	79.4	1,015	72.4	73	44.6	545	58.6	64	15.1	189	^	^	26.7	309	^	^
Perry	433.6	228	508.0	379	76.0	47	69.3	53	36.8	21	52.9	38	^	^	^	^	^	^	^	^
Pickens	426.9	718	475.0	417	71.2	132	59.4	53	42.7	73	48.7	43	11.2	19	^	^	19.7	29	^	^
Pike	453.4	1,019	423.8	429	67.4	162	62.5	62	35.9	80	49.6	52	17.6	40	^	^	38.2	78	^	^
Randolph	425.4	1,053	500.0	229	66.1	173	58.8	26	46.9	116	43.7	19	11.9	29	^	^	19.4	44	^	^
Russell	507.4	1,796	450.6	942	88.2	324	57.3	120	50.5	178	57.0	117	16.7	59	10.1	22	24.5	82	^	^
St. Clair	458.9	3,866	459.7	270	82.9	713	79.9	42	42.3	351	44.4	23	14.3	125	^	^	24.9	200	^	^
Shelby	447.3	7,719	471.3	648	62.1	1,028	57.9	68	37.9	648	53.6	63	11.8	207	^	^	28.7	493	^	^
Sumter	456.6	224	434.6	478	86.7	44	56.2	63	25.5	15	56.7	63	^	^	15.4	17	^	^	^	^
Talladega	477.4	3,417	452.3	1,079	86.3	642	61.7	143	52.4	374	50.0	118	14.8	108	12.0	31	24.2	162	^	^
Tallapoosa	451.1	1,950	497.2	550	75.5	343	69.0	75	39.6	171	53.0	56	12.6	52	13.2	15	25.2	102	^	^
Tuscaloosa	467.5	6,241	494.8	2,212	75.9	1,021	69.3	296	43.4	568	57.9	260	11.6	159	9.6	46	21.7	285	^	^
Walker	497.6	4,044	468.2	185	92.4	798	92.5	35	46.0	368	39.0	17	15.1	123	^	^	22.3	162	^	^
Washington	505.9	746	438.7	204	80.5	121	48.8	23	52.6	79	48.1	23	14.2	20	^	^	27.7	37	^	^
Wilcox	493.2	258	488.9	419	59.4	34	84.8	73	73.5	39	68.0	58	^	^	^	^	^	^	^	^
Winston	447.8	1,436	^	^	90.3	299	^	^	48.4	150	^	^	14.3	49	^	^	20.8	64	^	^

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites, which contains *in situ* bladder cases.
 ^ Statistic not displayed due to fewer than 15 cases..

Source: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2005-2014.

Table 7. Alabama Cancer Incidence Rates and Counts, by County, Males by Race, 2005-2014 Combined

	All Sites				Lung				Colorectal			
	White		Black		White		Black		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	540.2	102,702	600.4	28,233	98.0	18,767	100.5	4,549	52.8	9,907	67.1	3,053
Autauga	504.5	1,065	670.5	233	99.9	204	128.7	41	56.1	115	73.2	26
Baldwin	518.3	5,315	549.6	360	83.8	882	89.5	56	47.9	484	57.3	38
Barbour	559.6	523	594.1	297	107.2	98	124.9	60	47.0	44	67.1	31
Bibb	555.6	525	597.0	120	100.3	100	104.3	22	65.2	59	^	^
Blount	508.8	1,533	490.0	18	98.2	304	^	^	56.3	162	^	^
Bullock	550.8	124	530.8	197	115.5	28	87.4	32	^	^	83.6	29
Butler	511.8	388	574.0	220	111.3	85	89.7	35	61.2	44	72.8	27
Calhoun	588.2	2,962	625.4	524	123.3	625	88.4	69	64.8	322	75.5	57
Chambers	648.4	895	586.6	339	112.1	157	89.4	53	57.0	80	48.2	28
Cherokee	526.3	846	494.0	31	112.0	184	^	^	50.6	82	^	^
Chilton	508.0	1,051	602.1	110	108.0	230	124.1	22	42.9	88	^	^
Choctaw	521.0	290	554.0	170	89.7	52	84.0	25	54.4	30	93.6	28
Clarke	521.6	505	647.6	299	100.8	98	105.3	48	58.4	56	122.3	57
Clay	603.5	447	617.1	60	126.1	96	^	^	69.8	53	^	^
Cleburne	543.4	445	754.1	21	93.6	78	^	^	73.5	61	^	^
Coffee	528.0	1,161	577.4	206	95.9	211	119.8	40	39.4	86	54.8	19
Colbert	514.5	1,410	530.9	227	105.2	294	97.2	42	54.5	149	91.7	40
Conecuh	502.1	273	601.2	172	109.5	59	112.6	33	53.8	29	^	^
Coosa	467.2	255	512.9	100	117.2	67	70.2	15	45.3	23	73.5	15
Covington	531.3	1,097	638.0	121	94.9	202	94.1	16	70.3	140	98.6	18
Crenshaw	486.0	297	432.7	74	86.8	58	^	^	71.2	41	^	^
Cullman	500.9	2,209	637.8	27	97.9	444	^	^	45.6	197	^	^
Dale	541.6	1,162	623.5	214	109.2	236	84.1	29	46.5	102	53.9	22
Dallas	569.1	564	609.6	711	93.6	94	112.2	134	51.1	52	84.2	94
DeKalb	495.2	1,751	530.1	32	94.2	328	^	^	43.3	154	^	^
Elmore	539.5	1,763	649.0	310	105.0	341	156.7	67	61.7	193	45.4	21
Escambia	592.1	883	572.6	282	116.6	175	122.7	60	56.4	82	73.5	37
Etowah	560.9	2,886	654.2	378	104.3	548	122.4	67	53.0	275	67.0	37
Fayette	519.1	486	527.7	54	90.4	89	^	^	68.3	62	^	^
Franklin	489.0	788	498.0	33	105.9	177	^	^	54.0	89	^	^
Geneva	571.6	848	480.0	64	122.4	186	^	^	43.1	64	^	^
Greene	593.3	80	545.6	210	110.7	16	84.0	33	^	^	84.0	33
Hale	536.4	240	576.1	244	100.5	44	89.3	39	35.2	15	50.6	20
Henry	603.3	489	696.7	175	104.8	88	89.6	20	62.2	48	^	^
Houston	565.7	2,346	653.2	598	92.8	393	91.7	81	57.1	226	76.6	71
Jackson	523.2	1,543	462.2	44	110.3	347	^	^	50.5	148	^	^
Jefferson	555.7	11,291	628.8	6,575	88.0	1,776	102.9	1,006	51.1	1,036	63.7	648
Lamar	565.0	488	572.5	44	96.9	83	^	^	66.5	56	^	^
Lauderdale	528.8	2,553	675.7	240	98.1	480	145.3	48	51.1	246	105.8	38
Lawrence	632.8	1,004	645.1	131	138.4	225	71.5	17	67.4	106	86.9	15
Lee	433.4	1,759	611.3	611	64.1	251	101.3	97	38.9	157	52.7	56
Limestone	555.2	1,996	544.2	224	97.7	353	108.9	36	49.0	181	55.6	23
Lowndes	655.7	158	600.0	226	118.0	32	71.4	28	60.6	15	100.3	37
Macon	514.4	125	539.5	445	92.7	23	71.1	62	^	^	62.9	51
Madison	484.1	6,181	538.0	1,403	81.3	1,027	87.0	202	46.2	578	64.3	154
Marengo	503.0	340	644.9	322	88.7	63	96.1	50	58.2	36	87.1	42
Marion	516.8	962	495.4	34	112.3	216	^	^	53.9	102	^	^
Marshall	536.3	2,504	708.5	40	108.9	516	^	^	51.4	234	^	^
Mobile	567.0	7,934	610.2	3,242	101.9	1,406	104.0	549	59.8	833	70.3	354
Monroe	490.8	406	581.3	236	82.3	72	103.5	45	57.2	48	75.1	28
Montgomery	501.5	2,874	538.2	2,155	84.4	490	96.5	363	51.9	292	64.3	252
Morgan	594.7	3,360	643.3	299	104.5	590	111.9	43	54.9	307	73.2	32
Perry	539.3	134	661.0	207	129.5	37	104.4	34	58.0	15	59.0	18
Pickens	496.9	398	615.9	224	101.6	85	86.2	30	52.0	42	61.5	21
Pike	536.4	566	549.6	229	94.3	104	101.6	40	45.2	45	49.4	23
Randolph	519.7	594	668.3	127	88.6	104	80.2	15	66.3	78	^	^
Russell	575.4	901	620.1	535	113.9	185	100.8	85	59.2	91	74.1	61
St. Clair	553.1	2,130	577.7	160	111.7	424	107.1	29	50.6	194	^	^
Shelby	524.6	4,146	628.6	354	76.2	574	107.4	50	42.2	343	59.4	30
Sumter	605.8	136	591.6	268	150.6	34	107.7	49	^	^	71.9	30
Talladega	563.1	1,860	593.5	610	115.1	392	106.7	100	65.0	211	64.1	69
Tallapoosa	538.0	1,083	569.7	274	98.8	204	99.2	47	48.2	97	50.5	22
Tuscaloosa	540.4	3,283	648.5	1,157	103.8	617	112.4	187	51.8	309	74.6	132
Walker	603.0	2,223	526.8	88	119.1	467	118.1	18	53.7	189	^	^
Washington	624.9	440	573.7	119	119.2	82	84.2	17	65.3	47	^	^
Wilcox	513.3	125	681.7	242	76.1	18	157.5	54	86.7	17	96.5	32
Winston	532.6	797	^	^	125.8	191	^	^	61.5	87	^	^

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites, which contains *in situ* bladder cases.
 ^ Statistic not displayed due to fewer than 15 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2005-2014.

Table 7 (Continued). Alabama Cancer Incidence Rates and Counts, by County, Males by Race, 2005-2014 Combined

	Prostate				Oral				Melanoma			
	White		Black		White		Black		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	121.8	24,356	218.5	10,438	20.9	4,074	16.7	874	33.8	6,239	1.0	44
Autauga	90.2	195	231.6	81	18.2	42	^	^	37.6	83	^	^
Baldwin	120.9	1,318	197.1	124	19.0	194	^	^	39.8	387	^	^
Barbour	142.9	139	244.3	129	30.1	30	^	^	29.2	25	^	^
Bibb	120.1	116	193.3	37	23.5	25	^	^	27.0	23	^	^
Blount	102.5	324	^	^	14.1	46	^	^	31.6	92	^	^
Bullock	86.7	20	190.3	73	^	^	^	^	^	^	^	^
Butler	108.3	85	179.7	72	21.6	18	^	^	34.5	25	^	^
Calhoun	121.6	646	232.1	201	25.3	129	28.3	25	28.4	143	^	^
Chambers	134.4	197	259.0	148	30.1	44	^	^	34.0	45	^	^
Cherokee	120.2	212	243.6	15	24.6	40	^	^	22.8	33	^	^
Chilton	107.0	233	234.4	43	22.7	47	^	^	27.3	55	^	^
Choctaw	142.9	87	218.9	70	^	^	^	^	^	^	^	^
Clarke	117.9	121	186.1	86	14.7	15	^	^	37.7	35	^	^
Clay	127.0	97	249.8	25	^	^	^	^	36.6	25	^	^
Cleburne	100.4	85	^	^	26.9	23	^	^	21.7	17	^	^
Coffee	140.1	322	238.0	87	15.3	34	^	^	32.0	71	^	^
Colbert	75.4	220	154.9	67	23.1	63	^	^	38.1	103	^	^
Conecuh	89.2	52	195.4	59	37.0	21	^	^	32.5	18	^	^
Coosa	93.3	53	193.8	38	^	^	^	^	^	^	^	^
Covington	114.2	253	203.5	45	20.1	43	^	^	28.6	57	^	^
Crenshaw	89.1	55	172.3	30	^	^	^	^	28.8	18	^	^
Cullman	88.2	411	^	^	25.1	110	^	^	38.1	166	^	^
Dale	125.6	282	254.9	83	28.2	63	^	^	37.1	72	^	^
Dallas	152.7	165	229.0	263	^	^	16.4	20	35.9	31	^	^
DeKalb	130.4	475	^	^	16.1	61	^	^	24.1	81	^	^
Elmore	96.8	335	222.1	109	22.5	75	^	^	40.7	135	^	^
Escambia	121.3	192	184.7	89	22.3	35	^	^	26.9	38	^	^
Etowah	132.7	717	221.8	127	25.2	127	28.9	18	28.2	140	^	^
Fayette	105.0	109	266.7	26	20.7	18	^	^	27.7	24	^	^
Franklin	81.4	136	^	^	18.7	29	^	^	23.4	36	^	^
Geneva	143.0	225	223.1	31	25.3	37	^	^	36.8	49	^	^
Greene	151.6	23	207.0	84	^	^	^	^	^	^	^	^
Hale	128.8	64	217.4	97	^	^	^	^	41.9	18	^	^
Henry	137.7	120	334.9	90	27.5	23	^	^	44.1	34	^	^
Houston	136.5	600	256.2	240	27.3	115	^	^	35.5	142	^	^
Jackson	94.2	293	175.5	17	18.4	56	^	^	30.8	85	^	^
Jefferson	136.2	2,872	230.2	2,484	20.5	423	16.7	192	36.7	738	^	^
Lamar	139.6	128	^	^	18.6	17	^	^	35.7	27	^	^
Lauderdale	111.0	565	228.2	77	20.4	97	^	^	37.4	177	^	^
Lawrence	135.1	218	240.1	49	20.7	33	^	^	35.9	58	^	^
Lee	111.4	457	262.0	247	21.3	85	14.4	19	22.4	93	^	^
Limestone	131.6	491	199.1	86	17.7	68	^	^	29.4	101	^	^
Lowndes	155.9	41	199.7	79	^	^	^	^	^	^	^	^
Macon	156.5	39	204.0	166	^	^	24.3	21	^	^	^	^
Madison	106.4	1,445	180.4	491	17.5	238	12.7	39	30.0	374	^	^
Marengo	126.3	92	237.9	124	^	^	^	^	23.4	15	^	^
Marion	106.7	207	^	^	25.4	50	^	^	23.9	42	^	^
Marshall	105.6	525	^	^	22.3	108	^	^	29.4	129	^	^
Mobile	127.0	1,886	216.2	1,159	19.1	277	18.3	101	36.3	495	^	^
Monroe	91.7	83	190.2	79	^	^	^	^	32.6	24	^	^
Montgomery	111.7	670	175.3	705	19.5	113	16.7	75	41.1	230	^	^
Morgan	155.2	919	223.1	105	23.8	138	^	^	32.0	177	^	^
Perry	123.0	35	252.7	79	^	^	^	^	^	^	^	^
Pickens	116.7	100	258.1	96	^	^	^	^	22.6	16	^	^
Pike	132.1	152	194.2	82	31.2	34	^	^	41.1	41	^	^
Randolph	109.2	132	327.6	64	13.0	15	^	^	21.0	24	^	^
Russell	112.1	174	214.8	197	31.0	50	^	^	30.6	47	^	^
St. Clair	116.9	479	196.3	61	22.9	96	^	^	34.7	128	^	^
Shelby	145.9	1,222	244.0	148	17.7	147	^	^	36.4	289	^	^
Sumter	171.3	41	214.0	100	^	^	^	^	^	^	^	^
Talladega	114.5	395	221.2	230	22.7	76	19.2	24	30.9	98	^	^
Tallapoosa	120.0	263	180.7	96	19.5	37	^	^	32.0	60	^	^
Tuscaloosa	129.5	818	234.9	422	18.5	115	14.9	31	28.5	170	^	^
Walker	123.6	487	186.2	33	24.6	88	^	^	29.3	101	^	^
Washington	134.6	105	204.7	44	25.9	16	^	^	35.4	23	^	^
Wilcox	113.2	35	204.9	77	^	^	^	^	^	^	^	^
Winston	88.0	139	^	^	22.4	37	^	^	29.4	42	^	^

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites, which contains *in situ* bladder cases.
 ^ Statistic not displayed due to fewer than 15 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2005-2014.

Table 8. Alabama Cancer Incidence Rates and Counts, by County, Females by Race, 2005-2014 Combined

	All Sites				Lung				Colorectal				Breast			
	White		Black		White		Black		White		Black		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	402.6	88,608	377.1	24,595	57.7	13,475	39.2	2,536	37.1	8,439	47.3	3,058	117.7	25,665	122.9	8,104
Autauga	426.0	1,040	416.8	200	64.2	161	32.6	15	43.6	107	58.6	25	133.5	333	149.1	76
Baldwin	399.3	4,441	337.0	288	57.8	688	38.7	31	34.9	392	47.8	40	123.0	1,373	107.0	94
Barbour	430.8	417	348.7	238	60.5	64	35.3	25	43.1	44	44.8	32	137.8	127	122.7	80
Bibb	445.4	470	450.6	89	73.6	83	^	^	41.7	44	^	^	133.9	141	173.4	35
Blount	367.0	1,267	357.9	18	57.6	211	^	^	35.4	124	^	^	108.7	377	^	^
Bullock	556.3	96	413.1	177	^	^	^	^	^	^	62.3	30	170.4	24	137.1	56
Butler	385.0	335	365.6	187	49.3	49	^	^	26.4	28	59.5	32	126.0	105	128.7	65
Calhoun	396.7	2,440	347.7	421	65.8	431	50.1	60	39.4	250	43.6	51	101.2	614	113.2	138
Chambers	467.3	732	390.6	315	72.3	117	30.1	25	42.2	72	54.8	46	124.0	192	98.3	77
Cherokee	356.5	627	604.1	48	57.7	112	^	^	26.8	49	^	^	99.0	166	258.3	20
Chilton	374.9	866	454.2	102	52.1	129	88.9	20	31.5	75	^	^	113.5	261	119.5	27
Choctaw	338.6	203	332.8	140	39.7	27	39.6	18	38.1	24	37.4	16	108.3	65	125.4	49
Clarke	411.0	436	356.0	229	51.5	64	^	^	42.8	46	50.2	32	125.6	130	116.0	75
Clay	408.4	335	457.4	53	62.7	54	^	^	31.1	27	^	^	128.5	104	^	^
Cleburne	391.8	354	590.9	20	64.3	61	^	^	42.3	41	^	^	97.4	86	^	^
Coffee	366.6	912	319.8	151	56.7	150	40.1	19	26.5	67	^	^	112.0	275	98.3	44
Colbert	381.1	1,222	358.9	202	59.9	203	25.7	15	40.0	136	48.3	30	112.0	353	139.1	77
Conecuh	427.0	217	459.9	168	53.1	32	^	^	41.4	26	59.7	22	142.8	70	183.5	65
Coosa	384.0	213	276.9	62	56.0	35	^	^	37.4	21	^	^	93.0	49	98.4	23
Covington	398.4	991	403.6	112	66.6	168	77.4	22	40.8	108	^	^	104.6	262	107.0	29
Crenshaw	347.0	250	340.0	71	39.0	31	^	^	29.2	22	^	^	89.8	62	114.8	25
Cullman	382.3	1,942	^	^	49.7	274	^	^	36.7	194	^	^	109.2	550	^	^
Dale	403.5	965	343.1	172	68.8	175	32.5	17	34.4	82	^	^	120.5	284	129.2	67
Dallas	470.0	511	375.7	625	83.3	97	36.8	61	46.4	55	60.7	100	137.3	143	119.2	201
DeKalb	344.5	1,414	355.6	23	49.3	212	^	^	38.6	161	^	^	95.9	391	^	^
Elmore	425.4	1,554	354.4	239	60.8	226	44.6	27	35.0	128	40.2	25	130.7	487	115.3	82
Escambia	398.7	670	378.5	223	59.1	108	35.3	22	37.3	66	44.2	27	106.3	176	139.1	81
Etowah	401.8	2,430	383.4	338	67.5	439	38.9	33	37.0	237	40.3	37	104.6	625	128.2	115
Fayette	394.7	426	386.9	53	63.9	74	^	^	26.2	30	^	^	119.6	131	175.6	22
Franklin	401.5	748	332.8	25	59.0	116	^	^	38.5	73	^	^	114.8	217	^	^
Geneva	407.0	691	364.1	57	69.5	127	^	^	34.6	60	^	^	107.9	183	128.6	20
Greene	475.5	67	394.4	188	^	^	42.1	19	^	^	51.9	24	132.9	15	145.0	67
Hale	358.9	171	330.6	179	48.8	25	^	^	46.0	24	31.4	18	89.8	43	121.7	63
Henry	418.4	377	335.0	111	50.7	50	^	^	33.8	30	45.1	16	140.7	121	94.1	29
Houston	413.3	2,032	392.7	500	58.0	309	46.6	59	35.4	183	51.1	65	115.8	557	107.3	138
Jackson	407.2	1,363	401.1	50	58.3	210	^	^	43.4	147	^	^	113.8	374	^	^
Jefferson	413.6	10,422	396.3	5,960	53.8	1,439	42.1	632	36.2	961	47.5	699	131.6	3,227	130.2	1,989
Lamar	415.0	394	419.9	43	69.5	71	^	^	52.7	48	^	^	124.0	118	168.2	17
Lauderdale	381.3	2,171	392.3	199	50.8	311	28.8	15	37.6	223	61.8	32	101.5	560	125.7	62
Lawrence	413.9	745	343.2	92	67.3	127	^	^	47.9	87	^	^	103.2	186	106.9	30
Lee	370.8	1,727	369.2	552	47.6	223	34.5	48	30.4	141	38.9	57	114.1	533	108.0	165
Limestone	386.4	1,557	310.7	163	59.0	249	29.4	15	31.7	133	35.1	19	109.3	443	95.7	54
Lowndes	444.4	103	373.7	186	56.8	16	41.4	20	72.9	18	43.1	23	129.6	30	115.4	55
Macon	476.7	112	335.9	377	72.0	17	35.9	41	^	^	44.4	51	137.0	33	92.8	103
Madison	405.6	5,949	389.7	1,349	53.1	814	46.6	159	33.1	500	47.5	160	122.0	1,800	130.1	468
Marengo	400.4	309	314.5	210	51.7	45	^	^	30.1	25	56.0	40	137.4	102	82.9	52
Marion	390.2	813	439.9	24	49.3	113	^	^	44.7	91	^	^	111.6	232	^	^
Marshall	390.0	2,161	354.5	27	62.8	370	^	^	39.0	224	^	^	94.2	525	^	^
Mobile	414.8	6,768	385.8	2,905	64.2	1,106	45.2	338	40.1	682	52.4	390	122.6	1,981	121.7	930
Monroe	382.7	354	363.2	197	47.7	51	^	^	54.4	53	59.6	32	126.4	112	122.7	68
Montgomery	408.9	2,884	353.7	2,050	50.4	384	35.8	198	42.6	333	43.0	247	127.2	864	118.6	703
Morgan	415.0	2,707	386.1	256	61.1	425	48.8	30	36.2	238	50.2	32	115.6	756	122.4	86
Perry	343.0	94	409.3	172	^	^	44.8	19	^	^	47.1	20	120.8	29	137.8	58
Pickens	372.1	320	383.2	193	45.8	47	42.8	23	34.8	31	41.2	22	136.3	114	142.8	67
Pike	389.6	453	346.9	200	45.6	58	38.5	22	27.8	35	49.4	29	109.0	127	104.4	62
Randolph	360.8	459	395.3	102	49.6	69	^	^	30.1	38	^	^	97.8	126	130.4	34
Russell	472.1	895	338.9	407	69.5	139	28.8	35	43.3	87	47.6	56	134.2	251	113.9	139
St. Clair	389.9	1,736	365.1	110	61.5	289	^	^	35.1	157	^	^	103.3	463	136.7	44
Shelby	387.6	3,573	362.1	294	50.9	454	25.1	18	34.0	305	49.3	33	121.9	1,157	140.4	118
Sumter	338.8	88	327.3	210	^	^	^	^	^	^	49.4	33	105.4	32	94.4	61
Talladega	416.1	1,557	353.3	469	62.7	250	32.1	43	41.9	163	37.6	49	113.6	424	111.5	150
Tallapoosa	386.0	867	444.5	276	57.1	139	46.5	28	32.3	74	54.0	34	100.5	227	118.4	73
Tuscaloosa	417.0	2,958	400.7	1,055	54.6	404	42.6	109	36.5	259	48.1	128	132.1	929	140.7	375
Walker	424.0	1,821	431.7	97	71.2	331	76.4	17	41.2	179	^	^	104.8	449	129.4	30
Washington	408.4	306	331.9	85	50.4	39	^	^	42.4	32	^	^	142.0	107	110.4	28
Wilcox	493.2	133	364.4	177	56.2	16	37.4	19	62.8	22	51.7	26	111.7	27	92.2	43
Winston	387.3	639	^	^	59.7	108	^	^	38.0	63	^	^	112.9	183	^	^

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites, which contains *in situ* bladder cases.
 ^ Statistic not displayed due to fewer than 15 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2005-2014.

Table 8 (Continued). Alabama Cancer Incidence Rates and Counts, by County, Females by Race, 2005-2014 Combined

	Cervix				Oral				Melanoma			
	White		Black		White		Black		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	8.5	1,500	9.8	631	7.5	1,678	5.2	354	20.8	4,164	1.0	59
Autauga	11.8	25	^	^	^	^	^	^	23.1	54	^	^
Baldwin	6.9	59	^	^	7.8	86	^	^	24.2	244	^	^
Barbour	^	^	^	^	^	^	^	^	^	^	^	^
Bibb	^	^	^	^	^	^	^	^	17.9	17	^	^
Blount	11.2	31	^	^	6.9	24	^	^	18.5	62	^	^
Bullock	^	^	^	^	^	^	^	^	^	^	^	^
Butler	^	^	^	^	^	^	^	^	21.2	16	^	^
Calhoun	7.9	39	^	^	9.8	59	^	^	20.8	117	^	^
Chambers	18.7	23	^	^	13.7	25	^	^	17.3	25	^	^
Cherokee	12.5	18	^	^	^	^	^	^	^	^	^	^
Chilton	10.1	18	^	^	^	^	^	^	18.9	42	^	^
Choctaw	^	^	^	^	^	^	^	^	^	^	^	^
Clarke	^	^	^	^	^	^	^	^	42.5	35	^	^
Clay	^	^	^	^	^	^	^	^	^	^	^	^
Cleburne	^	^	^	^	^	^	^	^	^	^	^	^
Coffee	9.8	18	^	^	7.6	20	^	^	17.8	38	^	^
Colbert	7.8	19	^	^	4.7	15	^	^	18.7	51	^	^
Conecuh	^	^	^	^	^	^	^	^	^	^	^	^
Coosa	^	^	^	^	^	^	^	^	^	^	^	^
Covington	^	^	^	^	^	^	^	^	17.7	40	^	^
Crenshaw	^	^	^	^	^	^	^	^	25.5	18	^	^
Cullman	9.5	41	^	^	9.8	53	^	^	25.5	117	^	^
Dale	^	^	^	^	8.8	22	^	^	15.4	35	^	^
Dallas	^	^	10.7	17	11.6	15	^	^	26.0	22	^	^
DeKalb	7.0	25	^	^	8.2	32	^	^	13.5	49	^	^
Elmore	8.6	28	^	^	9.6	35	^	^	26.9	95	^	^
Escambia	^	^	^	^	8.9	16	^	^	16.9	27	^	^
Etowah	12.0	52	^	^	6.1	40	^	^	21.2	111	^	^
Fayette	^	^	^	^	^	^	^	^	16.3	16	^	^
Franklin	^	^	^	^	^	^	^	^	17.3	31	^	^
Geneva	^	^	^	^	13.4	24	^	^	32.8	51	^	^
Greene	^	^	^	^	^	^	^	^	^	^	^	^
Hale	^	^	^	^	^	^	^	^	^	^	^	^
Henry	^	^	^	^	^	^	^	^	21.0	18	^	^
Houston	11.4	44	^	^	10.3	50	^	^	20.4	90	^	^
Jackson	8.0	22	^	^	6.4	21	^	^	18.1	53	^	^
Jefferson	8.3	165	9.0	132	6.8	180	5.2	84	21.1	476	^	^
Lamar	^	^	^	^	^	^	^	^	^	^	^	^
Lauderdale	8.3	39	^	^	5.4	31	^	^	23.2	117	^	^
Lawrence	^	^	^	^	^	^	^	^	20.8	34	^	^
Lee	8.1	36	^	^	6.9	31	^	^	15.7	74	^	^
Limestone	10.6	37	^	^	6.0	24	^	^	17.3	65	^	^
Lowndes	^	^	^	^	^	^	^	^	^	^	^	^
Macon	^	^	15.9	16	^	^	^	^	^	^	^	^
Madison	6.6	81	7.0	25	8.4	124	5.5	20	19.3	265	^	^
Marengo	^	^	^	^	^	^	^	^	^	^	^	^
Marion	10.5	16	^	^	6.7	15	^	^	15.7	29	^	^
Marshall	8.6	37	^	^	9.2	50	^	^	18.2	95	^	^
Mobile	6.5	84	10.7	79	8.1	135	4.9	39	20.7	308	^	^
Monroe	^	^	^	^	^	^	^	^	^	^	^	^
Montgomery	8.3	44	11.2	67	7.7	56	4.4	28	23.5	150	^	^
Morgan	9.3	49	^	^	7.5	51	^	^	22.6	132	^	^
Perry	^	^	^	^	^	^	^	^	^	^	^	^
Pickens	^	^	^	^	^	^	^	^	^	^	^	^
Pike	^	^	^	^	^	^	^	^	36.7	37	^	^
Randolph	^	^	^	^	^	^	^	^	18.1	20	^	^
Russell	12.3	20	^	^	^	^	^	^	21.3	35	^	^
St. Clair	10.0	39	^	^	6.8	29	^	^	17.4	72	^	^
Shelby	5.2	47	^	^	6.4	60	^	^	22.4	204	^	^
Sumter	^	^	^	^	^	^	^	^	^	^	^	^
Talladega	11.7	35	^	^	8.4	32	^	^	19.2	64	^	^
Tallapoosa	12.5	21	27.7	16	5.8	15	^	^	20.5	42	^	^
Tuscaloosa	5.9	38	8.9	25	5.7	44	5.6	15	17.0	115	^	^
Walker	13.4	45	^	^	7.6	35	^	^	17.2	61	^	^
Washington	^	^	^	^	^	^	^	^	^	^	^	^
Wilcox	^	^	^	^	^	^	^	^	^	^	^	^
Winston	^	^	^	^	^	^	^	^	15.5	22	^	^

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites, which contains *in situ* bladder cases.
 ^ Statistic not displayed due to fewer than 15 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2005-2014.

Cancer Mortality Tables

Table 9. Alabama Cancer Mortality Rates and Counts, by Site, Race, and Sex, 2005-2014 Combined

	Male and Female						Male					
	All Races		White		Black		All Races		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
All Malignant Cancers	190.5	101,070	185.2	77,506	215.3	23,040	245.8	55,404	235.6	42,722	299.4	12,445
Oral Cavity and Pharynx	2.7	1,481	2.6	1,108	3.2	367	4.4	1,052	4.1	767	5.9	281
Digestive System	43.7	23,289	40.3	16,881	58.1	6,253	57.6	13,319	53.1	9,796	78.1	3,445
Esophagus	3.9	2,138	3.8	1,617	4.4	513	7.1	1,733	7.0	1,331	8.1	395
Stomach	3.5	1,850	2.7	1,121	6.7	710	4.9	1,092	3.7	665	10.0	420
Small Intestine	0.3	145	0.2	102	0.4	43	0.3	70	0.3	47	0.5	23
Colon and Rectum	17.3	9,091	15.8	6,533	23.8	2,522	21.5	4,844	19.7	3,538	30.6	1,289
Colon Excluding Rectum	14.3	7,491	12.9	5,349	20.1	2,108	17.5	3,916	15.9	2,853	25.5	1,047
Rectum and Rectosigmoid Junction	3.0	1,600	2.9	1,184	3.8	414	4.0	928	3.7	685	5.1	242
Anus, Anal Canal, and Anorectum	0.2	128	0.2	94	0.3	34	0.3	66	0.2	45	0.5	21
Liver and Intrahepatic Bile Duct	6.0	3,291	5.7	2,421	7.1	819	9.0	2,181	8.3	1,588	11.3	561
Gallbladder	0.5	271	0.5	188	0.8	81	0.5	109	0.5	80	0.8	28
Pancreas	11.2	5,991	10.7	4,501	13.8	1,455	13.2	3,052	12.7	2,366	15.4	673
Other Digestive Organs	0.2	115	0.2	75	0.4	38	0.2	58	0.2	40	0.4	18
Respiratory System	59.6	32,176	60.9	25,993	55.3	6,038	85.3	19,866	84.2	15,774	92.0	4,021
Larynx	1.3	737	1.2	506	2.0	228	2.4	598	2.1	400	4.1	196
Lung and Bronchus	58.0	31,280	59.4	25,367	53.0	5,773	82.4	19,163	81.6	15,295	87.4	3,800
Bones and Joints	0.5	276	0.5	209	0.5	63	0.7	161	0.7	120	0.8	38
Soft Tissue Including Heart	1.2	625	1.2	459	1.4	159	1.4	314	1.4	242	1.4	69
Skin Excluding Basal and Squamous	3.7	1,962	4.5	1,856	0.9	100	5.9	1,320	7.0	1,257	1.3	58
Melanoma of the Skin	2.9	1,516	3.6	1,471	0.4	42	4.4	1,003	5.4	984	0.4	16
Other Non-Epithelial Skin	0.9	446	0.9	385	0.5	58	1.5	317	1.6	273	0.9	42
Breast	12.8	6,747	11.4	4,721	17.9	1,983	0.3	57	0.2	41	0.4	16
Female Genital System	*	*	*	*	*	*	*	*	*	*	*	*
Cervix Uteri	*	*	*	*	*	*	*	*	*	*	*	*
Corpus and Uterus, NOS	*	*	*	*	*	*	*	*	*	*	*	*
Corpus Uteri	*	*	*	*	*	*	*	*	*	*	*	*
Uterus, NOS	*	*	*	*	*	*	*	*	*	*	*	*
Ovary	*	*	*	*	*	*	*	*	*	*	*	*
Vagina	*	*	*	*	*	*	*	*	*	*	*	*
Vulva	*	*	*	*	*	*	*	*	*	*	*	*
Other Female Genital Organs	*	*	*	*	*	*	*	*	*	*	*	*
Male Genital System	*	*	*	*	*	*	26.7	5,204	20.8	3,294	58.1	1,899
Prostate	*	*	*	*	*	*	26.2	5,084	20.2	3,200	57.6	1,873
Testis	*	*	*	*	*	*	0.3	61	0.3	51	^	^
Penis	*	*	*	*	*	*	0.2	51	0.2	36	^	^
Other Male Genital Organs	*	*	*	*	*	*	^	^	^	^	^	^
Urinary System	8.0	4,218	8.2	3,437	7.4	767	13.0	2,819	13.5	2,360	11.1	450
Urinary Bladder	3.9	2,017	4.1	1,694	3.2	319	7.0	1,441	7.5	1,257	4.9	180
Kidney and Renal Pelvis	4.0	2,121	4.0	1,677	4.0	435	5.7	1,325	5.7	1,060	5.9	261
Ureter	0.1	39	0.1	31	^	^	0.1	26	0.1	20	^	^
Other Urinary Organs	0.1	41	0.1	35	^	^	0.1	27	0.1	23	^	^
Eye and Orbit	0.1	33	0.1	29	^	^	0.1	18	0.1	16	^	^
Brain and Other Nervous System	4.8	2,532	5.4	2,226	2.5	293	5.8	1,400	6.5	1,230	3.2	165
Endocrine System	0.7	385	0.7	293	0.8	89	0.8	180	0.8	141	0.9	37
Thyroid	0.4	236	0.4	180	0.5	55	0.5	106	0.5	88	0.5	18
Other Endocrine Including Thymus	0.3	149	0.3	113	0.3	34	0.3	74	0.3	53	0.4	19
Lymphoma	6.6	3,410	7.1	2,891	4.6	493	8.4	1,808	8.9	1,539	5.8	255
Hodgkin Lymphoma	0.4	195	0.4	151	0.4	43	0.5	109	0.5	82	0.5	26
Non-Hodgkin Lymphoma	6.2	3,215	6.7	2,740	4.3	450	7.9	1,699	8.4	1,457	5.3	229
Myeloma	3.9	2,073	3.3	1,386	6.5	678	5.0	1,108	4.3	762	8.3	342
Leukemia	7.3	3,781	7.7	3,134	6.0	631	10.1	2,163	10.6	1,823	8.1	334
Lymphocytic Leukemia	1.9	987	2.0	817	1.6	167	2.7	568	2.8	474	2.2	92
Acute Lymphocytic Leukemia	0.4	196	0.4	160	0.3	33	0.5	115	0.6	97	0.3	16
Chronic Lymphocytic Leukemia	1.4	703	1.4	582	1.2	121	1.9	399	2.0	331	1.7	68
Myeloid and Monocytic Leukemia	3.0	1,583	3.2	1,320	2.3	256	4.1	912	4.4	782	3.0	129
Acute Myeloid Leukemia	2.5	1,300	2.7	1,089	1.9	205	3.4	747	3.6	641	2.5	105
Chronic Myeloid Leukemia	0.3	145	0.3	119	0.2	26	0.4	74	0.4	63	^	^
Other Leukemia	2.4	1,211	2.4	997	2.0	208	3.3	683	3.4	567	2.9	113
Miscellaneous Malignant Cancer	15.3	8,130	14.8	6,192	17.7	1,901	20.4	4,615	19.6	3,560	24.0	1,033

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. ^ Statistic not displayed due to fewer than 15 deaths.

Source: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2005-2014.

Table 9 (Continued). Alabama Cancer Mortality Rates and Counts, by Site, Race, and Sex, 2005-2014 Combined

	All Races		Female White		Black	
	Rate	Count	Rate	Count	Rate	Count
All Malignant Cancers	152.4	45,666	149.3	34,784	165.7	10,595
Oral Cavity and Pharynx	1.4	429	1.4	341	1.3	86
Digestive System	33.0	9,970	30.0	7,085	44.4	2,808
Esophagus	1.3	405	1.2	286	1.8	118
Stomach	2.5	758	1.9	456	4.6	290
Small Intestine	0.2	75	0.2	55	0.3	20
Colon and Rectum	14.1	4,247	12.8	2,995	19.4	1,233
Colon Excluding Rectum	11.8	3,575	10.6	2,496	16.7	1,061
Rectum and Rectosigmoid Junction	2.3	672	2.2	499	2.7	172
Anus, Anal Canal, and Anorectum	0.2	62	0.2	49	^	^
Liver and Intrahepatic Bile Duct	3.7	1,110	3.5	833	4.1	258
Gallbladder	0.5	162	0.5	108	0.8	53
Pancreas	9.6	2,939	8.9	2,135	12.5	782
Other Digestive Organs	0.2	57	0.1	35	0.3	20
Respiratory System	40.7	12,310	43.4	10,219	31.5	2,017
Larynx	0.5	139	0.5	106	0.5	32
Lung and Bronchus	40.1	12,117	42.8	10,072	30.8	1,973
Bones and Joints	0.4	115	0.4	89	0.4	25
Soft Tissue Including Heart	1.1	311	1.0	217	1.3	90
Skin Excluding Basal and Squamous	2.2	642	2.7	599	0.6	42
Melanoma of the Skin	1.8	513	2.2	487	0.4	26
Other Non-Epithelial Skin	0.4	129	0.5	112	0.2	16
Breast	22.7	6,690	20.5	4,680	29.9	1,967
Female Genital System	16.0	4,748	14.9	3,397	20.9	1,322
Cervix Uteri	3.2	854	2.7	525	5.2	324
Corpus and Uterus, NOS	3.4	1,037	2.5	593	6.9	440
Corpus Uteri	1.7	507	1.3	297	3.3	207
Uterus, NOS	1.7	530	1.2	296	3.7	233
Ovary	8.5	2,579	8.8	2,057	8.0	504
Vagina	0.3	93	0.3	72	0.3	20
Vulva	0.4	127	0.5	110	0.3	16
Other Female Genital Organs	0.2	58	0.2	40	0.3	18
Male Genital System	*	*	*	*	*	*
Prostate	*	*	*	*	*	*
Testis	*	*	*	*	*	*
Penis	*	*	*	*	*	*
Other Male Genital Organs	*	*	*	*	*	*
Urinary System	4.6	1,399	4.5	1,077	5.0	317
Urinary Bladder	1.9	576	1.8	437	2.3	139
Kidney and Renal Pelvis	2.6	796	2.6	617	2.7	174
Ureter	^	^	^	^	^	^
Other Urinary Organs	^	^	^	^	^	^
Eye and Orbit	^	^	^	^	^	^
Brain and Other Nervous System	3.9	1,132	4.5	996	2.0	128
Endocrine System	0.7	205	0.7	152	0.8	52
Thyroid	0.4	130	0.4	92	0.6	37
Other Endocrine Including Thymus	0.3	75	0.3	60	^	^
Lymphoma	5.4	1,602	5.7	1,352	3.8	238
Hodgkin Lymphoma	0.3	86	0.3	69	0.3	17
Non-Hodgkin Lymphoma	5.0	1,516	5.4	1,283	3.6	221
Myeloma	3.2	965	2.6	624	5.4	336
Leukemia	5.5	1,618	5.7	1,311	4.7	297
Lymphocytic Leukemia	1.4	419	1.5	343	1.2	75
Acute Lymphocytic Leukemia	0.3	81	0.3	63	0.3	17
Chronic Lymphocytic Leukemia	1.0	304	1.0	251	0.8	53
Myeloid and Monocytic Leukemia	2.3	671	2.4	538	2.0	127
Acute Myeloid Leukemia	1.9	553	2.0	448	1.5	100
Chronic Myeloid Leukemia	0.2	71	0.2	56	^	^
Other Leukemia	1.8	528	1.8	430	1.5	95
Miscellaneous Malignant Cancer	11.7	3,515	11.2	2,632	13.6	868

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. ^ Statistic not displayed due to fewer than 15 deaths.

Source: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2005-2014.

Table 10. Trends in Alabama Cancer Mortality Rates, Selected Sites, 2010-2014

Females									
Breast	P-Value 0.171				Cervix	P-Value 0.100			
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	-10.3				Total PC	34.5			
Total APC	-2.1		-5.8	1.7	Total APC	6.8		-2.3	16.8
2010 Rate	23.3	0.9	21.6	25.1	2010 Rate	2.8	0.3	2.2	3.6
2011 Rate	21.2	0.9	19.6	23.0	2011 Rate	3.4	0.4	2.7	4.2
2012 Rate	22.7	0.9	21.0	24.5	2012 Rate	2.9	0.3	2.3	3.7
2013 Rate	21.3	0.8	19.7	23.0	2013 Rate	3.6	0.4	2.9	4.4
2014 Rate	20.9	0.8	19.3	22.6	2014 Rate	3.8	0.4	3.1	4.6
Males					Males and Females				
Prostate	P-Value 0.022				All Sites	P-Value 0.003			
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	-23.0				Total PC	-6.5			
Total APC	-6.9*		-11.6	-1.9	Total APC	-1.5*		-2.1	-1.0
2010 Rate	27.6	1.2	25.3	30.1	2010 Rate	189.9	1.9	186.2	193.7
2011 Rate	26.5	1.2	24.2	28.9	2011 Rate	186.0	1.9	182.3	189.7
2012 Rate	22.0	1.1	20.0	24.1	2012 Rate	184.6	1.8	181.0	188.3
2013 Rate	22.1	1.0	20.1	24.2	2013 Rate	182.2	1.8	178.6	185.8
2014 Rate	21.2	1.0	19.3	23.3	2014 Rate	177.5	1.8	174.1	181.1
Males and Females									
Colorectal	P-Value 0.613				Lung	P-Value 0.021			
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	-9.0				Total PC	-11.6			
Total APC	-1.0		-6.3	4.7	Total APC	-2.7*		-4.6	-0.8
2010 Rate	16.8	0.6	15.7	18.0	2010 Rate	59.4	1.1	57.4	61.6
2011 Rate	16.2	0.6	15.1	17.3	2011 Rate	56.4	1.0	54.4	58.4
2012 Rate	16.4	0.6	15.3	17.5	2012 Rate	54.0	1.0	52.1	56.0
2013 Rate	17.5	0.6	16.4	18.7	2013 Rate	54.7	1.0	52.8	56.6
2014 Rate	15.3	0.5	14.3	16.4	2014 Rate	52.6	1.0	50.7	54.5
Males and Females									
Melanoma	P-Value 0.882				Oral	P-Value 0.248			
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	-1.9				Total PC	-15.5			
Total APC	-0.3		-6.5	6.3	Total APC	-2.8		-8.8	3.6
2010 Rate	2.7	0.2	2.2	3.1	2010 Rate	3.0	0.2	2.5	3.5
2011 Rate	2.7	0.2	2.2	3.1	2011 Rate	2.5	0.2	2.1	3.0
2012 Rate	3.0	0.2	2.5	3.5	2012 Rate	2.6	0.2	2.2	3.1
2013 Rate	2.7	0.2	2.3	3.2	2013 Rate	2.7	0.2	2.3	3.2
2014 Rate	2.6	0.2	2.2	3.1	2014 Rate	2.5	0.2	2.1	3.0

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard; Confidence intervals are 95% for rates and trends. Percent changes were calculated using 1 year for each end point; Annual Percentage Changes (APCs) were calculated using the weighted least squares method. * The APC is significantly different from zero (p<0.05).

Source: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2010-2014.

National Comparison Tables

Table 11. Alabama and United States Cancer Incidence Rates, by Site, Race, and Sex, 2009-2013*

Males and Females						
	Alabama			United States		
	All Races	White	Black	All Races	White	Black
All Sites	461.2#	458.0	463.8	457.0	457.8	467.3
Lung and Bronchus	71.6#	73.9#	63.5	62.7	63.5	65.5
Colon and Rectum	44.2#	42.0#	53.0#	40.7	39.7	48.1
Melanoma of the Skin	21.1#	27.4#	0.9	20.2	23.0	1.0
Males						
	Alabama			United States		
	All Races	White	Black	All Races	White	Black
All Sites	550.1#	534.3#	589.9#	512.1	506.7	566.2
Lung and Bronchus	95.6#	94.8#	100.7#	75.0	74.6	88.7
Colon and Rectum	52.8#	50.1#	65.1#	46.9	45.7	57.1
Melanoma of the Skin	28.2#	35.3#	0.9	25.9	29.0	1.1
Prostate	139.5#	116.5#	211.4#	123.2	113.2	195.0
Females						
	Alabama			United States		
	All Races	White	Black	All Races	White	Black
All Sites	397.0^	402.9^	379.9^	418.5	424.3	401.0
Lung and Bronchus	53.6	58.0#	38.6^	53.5	55.1	50.0
Colon and Rectum	37.4#	35.3	44.8#	35.6	34.7	42.0
Melanoma of the Skin	16.1	21.8#	0.8	16.1	18.6	1.0
Breast	119.6^	116.8^	126.0#	123.3	124.3	122.6
Cervix	8.6#	8.2#	10.7	7.6	7.4	9.6

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard.

*All rates are for malignant cases only, except the rates for All Sites, which includes bladder cancer *in situ*.

#The incidence rate for Alabama is significantly higher than the incidence rate for the United States ($p < 0.05$).

^The incidence rate for Alabama is significantly lower than the incidence rate for the United States ($p < 0.05$).

Sources: Alabama Data: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2009-2013. United States Data: NAACCR CINA+ Online, 2017. Data Years: 2009-2013.

Table 12. Alabama and United States Cancer Mortality Rates, by Site, Race, and Sex, 2005-2014*

Males and Females						
	Alabama			United States		
	All Races	White	Black	All Races	White	Black
All Sites	190.5#	185.2#	215.3#	172.4	172.2	203.1
Lung and Bronchus	58.0#	59.4#	53.0#	47.4	48.1	51.0
Colon and Rectum	17.3#	15.8	23.8#	15.8	15.3	21.6
Melanoma of the Skin	2.9	3.6#	0.4	2.7	3.1	0.4
Males						
	Alabama			United States		
	All Races	White	Black	All Races	White	Black
All Sites	245.8#	235.6#	299.4#	208.9	207.5	262.3
Lung and Bronchus	82.4#	81.6#	87.4#	60.1	60.0	73.5
Colon and Rectum	21.5#	19.7#	30.6#	18.8	18.3	27.0
Melanoma of the Skin	4.4	5.4#	0.4	4.0	4.6	0.5
Prostate	26.2#	20.2	57.6#	21.7	20.1	46.3
Females						
	Alabama			United States		
	All Races	White	Black	All Races	White	Black
All Sites	152.4#	149.3#	165.7	146.8	147.0	167.4
Lung and Bronchus	40.1#	42.8#	30.8^	37.9	39.1	36.1
Colon and Rectum	14.1#	12.8	19.4#	13.3	13.0	18.0
Melanoma of the Skin	1.8	2.2	0.4	1.7	2.0	0.4
Breast	22.7	20.5^	29.9	22.2	21.7	30.2
Cervix	3.2#	2.7#	5.2#	2.3	2.2	4.0

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard.

#The mortality rate for Alabama is significantly higher than the mortality rate for the United States ($p < 0.05$).

^The mortality rate for Alabama is significantly lower than the mortality rate for the United States ($p < 0.05$).

Sources: Alabama Data: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2005-2014. United States Data: CDC WONDER, 2017. Data Years: 2005-2014.

Cancer Screening and Lifestyle Behaviors Tables

Table 13. Percentage of Tobacco Use, Adults and High School Students, Alabama and the US, 2015

Current Cigarette Smoking	Alabama	United States
Total Adults	21.4	16.7
Male Adults	23.8	19.0
Female Adults	19.2	14.6
Low Education	34.3	26.1
White	21.9	16.8
Black	20.0	19.2
Total High School Students	14.0	10.8
Male High School Students	13.4	11.8
Female High School Students	14.3	9.7
White High School Students	16.3	12.4
Black High School Students	9.3	6.5

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention.

Table 14. Percentage of Colorectal Cancer Screening, Adults 50 and Older, Alabama and the US, 2014

Sigmoidoscopy/Colonoscopy	Alabama	United States
Total Adults	67.6	69.3
Male Adults	65.3	67.4
Female Adults	69.5	70.2
White	69.5	70.3
Black	64.4	67.3
Low Education	55.0	54.8
Fecal Occult Blood Test in the Past 2 Years	Alabama	United States
Total Adults	12.5	12.8
Male Adults	12.2	14.7
Female Adults	12.7	15.2
White	11.7	14.5
Black	15.9	17.6
Low Education	12.5	14.3

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Table 15. Percentage of Breast Cancer Screening, Women 40 and Older, Alabama and the US, 2014

Mammogram in the Past 2 Years	Alabama	United States
40 Years and Older	72.7	73.0
White	71.2	73.3
Black	79.5	78.3
Low Education	60.9	66.8

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Table 16. Percentage of Prostate Cancer Screening, Men 50 and Older, Alabama and the US, 2014

PSA in the Past 2 Years	Alabama	United States
50-59 Years Old	42.5	45.1
60-64 Years Old	56.8	61.0
65 Years and Older	71.2	66.7
White	55.5	55.2
Black, 45 Years and Older	53.5	49.0
Low Education	34.2	37.2

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Table 17. Percentage of Cervical Cancer Screening, Women 18 and Older, Alabama and the US, 2014

Pap Test in the Past 3 Years	Alabama	United States
Total 18 Years and Older	78.3	75.2
White	74.9	75.5
Black	85.5	78.9
Low Education	64.3	67.6

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Table 18. Percentage of Fruit and Vegetable Intake, Adults 18 and Older, Alabama and the US, 2015

Consuming Vegetables Less than One Time Daily	Alabama	United States
Total	27.8	22.1
Male	29.6	25.8
Female	26.3	19.6
White	22.8	20.3
Black	43.1	36.5
Low Education	40.1	33.2
Consuming Fruit Less than One Time Daily	Alabama	United States
Total	48.3	39.7
Male	51.7	44.4
Female	45.2	33.8
White	49.6	38.5
Black	47.4	43.0
Low Education	54.9	46.4

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Table 19. Percentage of Physical Activity, Adults 18 and Older, Alabama and the US, 2015

Participated in ≥ 150 Minutes Aerobic Physical Activity per Week	Alabama	United States
Total	44.6	50.7
Male	46.8	51.6
Female	42.6	49.8
White	45.5	52.1
Black	40.9	44.2
Low Education	34.9	38.3

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Table 20. Percentage of Overweight*, Adults 18 and Older, Alabama and the US, 2015

Overweight	Alabama	United States
Total	68.7	64.6
Male	72.6	70.5
Female	64.8	58.4
White	66.6	63.4
Black	75.9	72.5
Low Education	67.4	69.8

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. *BMI 25 and over.

Sources

1. American Cancer Society. *Cancer Facts & Figures 2017*. Atlanta: American Cancer Society; 2017.
2. Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2005-2014 (Incidence and Mortality). Alabama Department of Public Health.
3. Alabama Data: Alabama Statewide Cancer Registry (ASCR), 2017. Data Years: 2009-2013. Alabama Department of Public Health. US Data: NAACCR CINA+ Online, 2017. Data Years: 2009-2013.
4. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS), 2017. wonder.cdc.gov/cancer.html. Data Years: 2005-2014.
5. Behavioral Risk Factor Surveillance System, 2016. Centers for Disease Control and Prevention.

Technical Notes

International Classification of Diseases (ICD) codes used for this report were based on the North American Association of Central Cancer Registries (NAACCR) list for incidence and mortality. The International Classification of Diseases for Oncology, Third Edition (2000) was used for incidence data. The International Classification of Diseases, Tenth Revision, Clinical Modification (2003) was used for mortality data. The 95 percent confidence intervals were calculated for incidence and mortality data and used to determine the level of significance when comparing two rates. If the confidence intervals overlapped, it was determined that no difference existed between the two rates.

Materials & Methods

Population Estimates

The population estimates for the denominators of incidence and mortality rates are race-specific (all races, white, black) and sex-specific county population estimates. The county population estimates were incorporated into the National Cancer Institute's (NCI) SEER*Stat software to calculate cancer incidence and mortality rates. The SEER*Stat population estimates are a slight modification of the annual time series of July 1 county population estimates (by age, sex, and race) produced by the Population Estimates Program of the US Bureau of the Census with support from NCI through an interagency agreement.

Data Sources

Data from cancer registries, health information departments, histopathologic laboratories, and physician offices were reported to the Alabama Statewide Cancer Registry (ASCR) as of January 7, 2017. For cancer cases diagnosed during 2004-2013, the ASCR considered as reportable all incident cases with a behavior code of 2 (*in situ*, noninvasive) or 3 (invasive, primary site only) in the International Classification of Diseases for Oncology (ICDO) Third Edition, with the exception of *in situ* cancer of the cervix. Basal and squamous cell carcinomas of the skin are also excluded, with the exception of those on the skin of the genital organs. The primary source of cancer incidence data is medical records. Staff at health care facilities abstract cancer incidence data from patients' medical records, enter the data into the facility's own cancer registry if it has one, and send the data to the ASCR. All reporting sources collect data using uniform data items and codes as documented by the North American Association of Central Cancer Registries. This uniformity means that data items collected by all reporting sources are comparable. For this report, information on primary cancer sites was coded according to the appropriate ICDO edition and was grouped according to revised SEER recodes dated March 19 2013, which define standard groupings of primary cancer sites. The SEER/World Health Organization 2008 recodes were used to ensure consistent site-type definitions over time and consistency with other published cancer incidence and mortality data. Invalid site codes were excluded from the analysis.

Age-adjusted Incidence Rates

Because the occurrence of many cancers increases with age and because the age distribution of a population (i.e., the number of people in particular age categories) can change over time and can be different in different geographic areas, researchers age adjust incidence rates so that they can make a valid comparison between one year's rates and those of another year or between one geographic area's rates and those of another area. Age

adjusting the rates ensures that differences in incidence from one year to another or from one geographic area to another are not due to differences in age distribution. The standard population used to age adjust the rates for this report is the 2000 US standard population, in accordance with a 1998 Department of Health and Human Services recommendation. The 2000 US standard population is based on the proportion of the 2000 population in specific age groups. The proportions of the 2000 population in these age groups serve as weights for calculating age-adjusted incidence rates.

Age-adjusted Mortality Rates

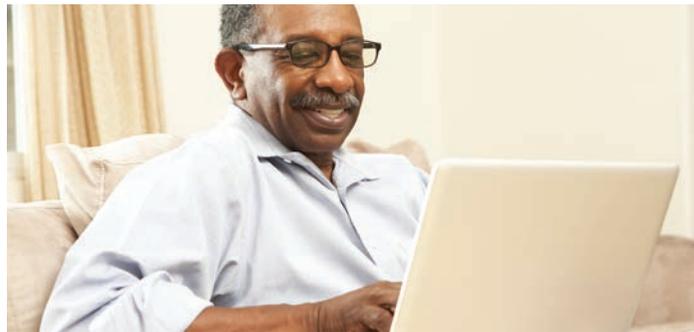
Mortality data for Alabama were obtained from the Alabama Department of Public Health, Center for Health Statistics, and age-adjusted rates were calculated using the 2000 US standard population. Prior to the release of *Alabama Cancer Facts & Figures 2007*, cancer deaths of Alabama residents that occurred outside of the state were omitted from the rates. Beginning with *Alabama Cancer Facts & Figures 2007*, these deaths were included in the rate calculations.

Annual Percentage Change (APC)

The annual percentage change (APC) is a summary statistic that represents the average rate of change in a rate over a defined time period and is used to measure trends over time. The APC is calculated by fitting a least squares regression line to the natural logarithm of the rates using the calendar year as a regressor variable.

Interpreting the Data

Published age-adjusted cancer incidence and mortality rates for years before 1999 were calculated using standard populations other than the 2000 US standard population. Beginning with the publication of data for the 1999 diagnosis year, or year of death, cancer incidence and mortality rates were age adjusted to the 2000 US standard population. This change was motivated by a need to standardize age-adjustment procedures across publications and to update the calculation of age-adjusted rates to more closely reflect the current age distribution of the US population and the current burden of cancer. Because of the aging of the US population, the 2000 US Standard population gives more



weight to older age categories than did previous standard populations. Caution should be used when comparing the data published here with cancer incidence and mortality rates adjusted to standard populations other than the 2000 US standard population. Geographic variation in incidence and mortality rates may be the result of regional differences in the exposure of the population to known or unknown risk factors. Differences may arise because of differences in sociodemographic characteristics of the populations (e.g., age, race, or ethnicity, geographic region, urban, or rural residence), screening use, health-related behaviors (e.g., behaviors related to tobacco use, diet, physical activity), exposure to cancer-causing agents, or factors related to registry operations (e.g., completeness, timeliness, specificity in coding cancer sites). Work continues to ensure the reporting of high-quality data. Please note that differences in registry database completeness and data quality do influence the estimated cancer incidence rates. Because 2014 cases were estimated to be 97 percent complete at the time of this publication, some rates, especially all sites combined, may vary slightly from the “true” or final rates for the Alabama population. The rates presented here have not been adjusted for completeness differences across the database. The ASCR may update the previous years’ data as cancer registries submit data for the new diagnosis year and additional cases from the previous diagnosis years. Users of cancer incidence data should be mindful of this issue for all data used in their comparisons. Race information reported to the ASCR is not self-reported by the patient. Information on race is abstracted from medical records, coded according to standard procedures, and grouped into standard race groupings. In this *Alabama Cancer Facts & Figures* report, cancer incidence and mortality data are presented for all races combined and for white and black populations in Alabama.

American Cancer Society Quality of Life Programs

For the more than 1.6 million cancer patients who were expected to be diagnosed in 2017 and more than 15.5 million US cancer survivors, the American Cancer Society is there every step of the way. Whether it's providing emotional support, the latest cancer information, or a home away from home when treatment is far away, we're here when you need us.

Information, 24 Hours a Day, 7 Days a Week

The American Cancer Society is available 24 hours a day, 7 days a week online at [cancer.org](https://www.cancer.org) and by calling 1-800-227-2345. Callers are connected with trained American Cancer Society staff who can help them locate a hospital, understand cancer and treatment options, learn what to expect and how to plan, address insurance concerns, find financial resources, find a local support group, and more. The American Cancer Society can also help people who speak languages other than English or Spanish find the assistance they need, offering services in more than 200 languages.

Information on every aspect of the cancer experience, from prevention to survivorship, is also available through [cancer.org](https://www.cancer.org), the American Cancer Society's website. The site contains in-depth information on every major cancer type, as well as on treatments, side effects, caregiving, and coping.

The American Cancer Society also publishes a wide variety of brochures and books that cover a multitude of topics, from patient education, quality of life, and caregiving issues to healthy living. Visit [cancer.org/bookstore](https://www.cancer.org/bookstore) for a complete list of American Cancer Society books that are available to order. Call 1-800-227-2345 or visit [cancer.org](https://www.cancer.org) for brochures.

The American Cancer Society publishes three peer-reviewed journals for health care providers and researchers: *Cancer*, *Cancer Cytopathology*, and *CA: A Cancer Journal for Clinicians*. Visit acsjournals.com to learn about the journals and their content.

Day-to-day Help and Support

The American Cancer Society can help cancer patients and their families find the resources they need to make decisions about the day-to-day challenges that can come from a cancer diagnosis, such as transportation to and from treatment, financial and insurance needs, and lodging when treatment is needed away from home, as well as ongoing needs for survivors and caregivers. The American Cancer Society also connects people with others who have been through similar experiences to offer one-on-one support.

Survivorship: American Cancer Society survivorship work aims to help people living with and beyond cancer from diagnosis through long-term survivorship to the end of life. Efforts focus on helping survivors understand and access treatment; manage their ongoing physical, psychosocial, and functional problems; and engage in healthy behaviors to optimize their wellness. Our posttreatment survivorship care guidelines are designed to promote survivor healthiness and quality of life by facilitating the delivery of high-quality, comprehensive, coordinated clinical follow-up care. The American Cancer Society's survivorship research efforts focus on understanding the impact of cancer on multiple facets of survivors' lives and on developing and testing interventions to help survivors actively engage in their health care and improve their health and well-being through and beyond treatment.

Support for caregivers: Approximately 7 percent of the US population is made up of family caregivers of a loved one with cancer. We are committed to supporting cancer caregivers and focusing on meeting their information, education, and support needs. Approximately 4 percent of the US population is surviving cancer, meaning the ratio of family caregivers to cancer survivors is nearly double, supporting the notion that cancer is not isolated only to the individual diagnosed but rather impacts an entire family unit and network of close friends.

Help navigating the health care system: Learning how to navigate the cancer journey and the health care system can be overwhelming for anyone, but it is particularly difficult for those who are medically underserved, those who experience language or health literacy barriers, and those with limited resources. The American Cancer Society Patient Navigator Program reaches those most in need. The largest oncology-focused patient navigator program in the country, it has specially trained patient navigators at more than 120 sites across the nation. Patient navigators can help: find transportation to and from cancer-related appointments; assist with medical financial issues, including insurance navigation; identify community resources; and provide information on a patient's cancer diagnosis and treatment process. In 2015, more than 50,000 people relied on the Patient Navigator Program to help them through their diagnosis and treatment. The American Cancer Society collaborates with a variety of organizations, including the National Cancer Institute's Center to Reduce Cancer Health Disparities, the Center for Medicare and Medicaid Services, numerous cancer treatment centers, and others to implement and evaluate this program.

Transportation to treatment: The American Cancer Society Road To Recovery® program provides free rides to cancer patients who otherwise would have difficulty getting to their medical appointments. Trained volunteer drivers donate their time and the use of their personal vehicles to help patients get to the treatments they need. In 2015, the American Cancer Society provided more than 188,000 rides to cancer patients. Other transportation programs are also available in certain areas. Call us at 1-800-227-2345 for more information.

Lodging during treatment: The American Cancer Society Hope Lodge® program provides a free home away from home for cancer patients and their caregivers. More than just a roof over their heads, it's a nurturing community where patients can share stories and offer each other emotional support. In 2015, the more than 30 Hope Lodge locations provided more than 267,000 nights of free lodging to more than 21,000 patients and caregivers – saving them \$36 million in

hotel expenses. Through our Hotel Partners Program, the American Cancer Society also partners with local hotels across the country to provide free or discounted lodging to patients and their caregivers in communities without a Hope Lodge facility.

Breast cancer support: Through the American Cancer Society Reach To Recovery® program, breast cancer patients are paired with trained volunteers who have had similar diagnoses and treatment plans to provide more personal, one-on-one support. In 2015, the program assisted more than 8,300 patients.

Hair-loss and mastectomy products: Some women wear wigs, hats, breast forms, and special bras to help cope with the effects of a mastectomy and hair loss. The American Cancer Society "*tlc*" *Tender Loving Care*® publication offers affordable hair loss and mastectomy products, as well as advice on how to use those products.

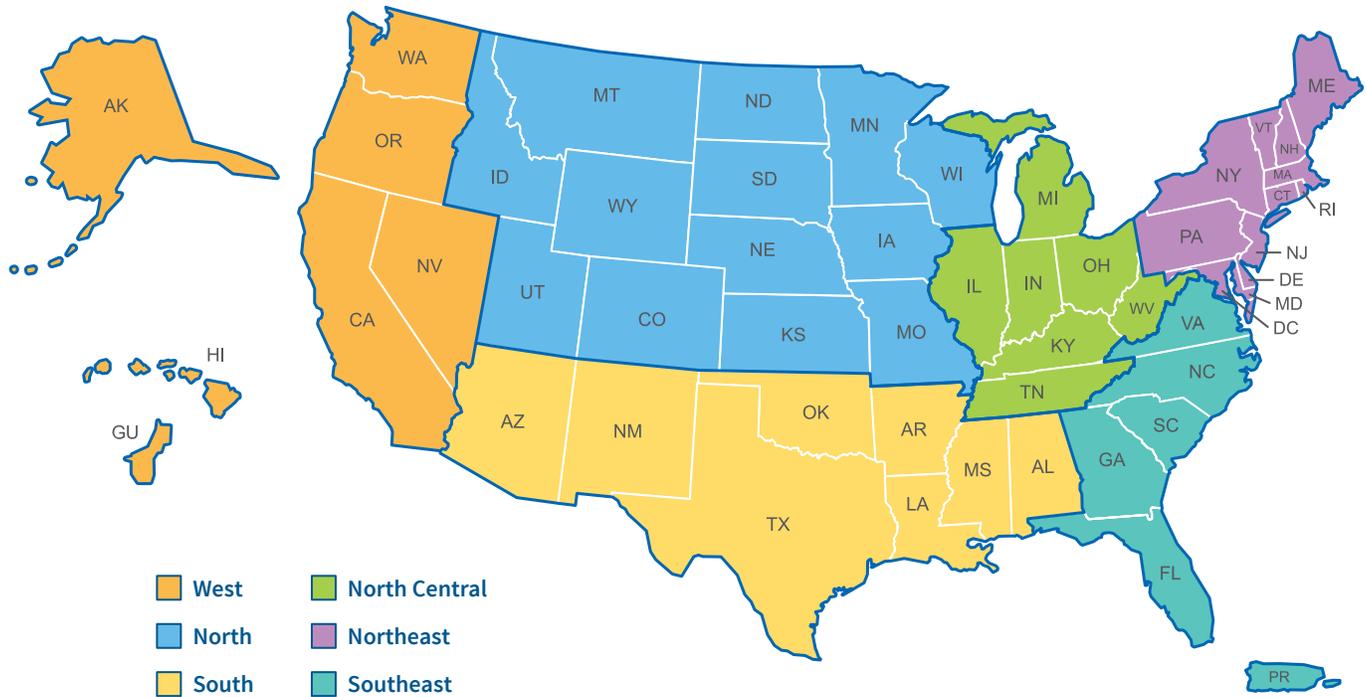
The "*tlc*"™ products and catalogs may be ordered online at tlcdirect.org or by calling 1-800-850-9445. All proceeds from product sales go back into our survivorship programs and services.

Help with appearance-related side effects of treatment: The Look Good Feel Better® program teaches women how to cope with appearance-related side effects of cancer treatment. Group workshops are free and led by licensed volunteer beauty professionals (cosmetologists, estheticians, and nail technicians). Skin care, makeup, and hair loss solution techniques and tips are provided in a supportive environment. Information and materials are also available for men and teens. This program is a collaboration of the American Cancer Society, the Look Good Feel Better Foundation, and the Professional Beauty Association. To learn more, visit the Look Good Feel Better website at lookgoodfeelbetter.org or call 1-800-395-LOOK (1-800-395-5665).

Finding hope and inspiration: The American Cancer Society Cancer Survivors Network® provides a safe online connection where cancer patients can find others with similar experiences and interests. At csn.cancer.org, members can join chat rooms and build their own support network from among the members.



American Cancer Society Regional Divisions



Acknowledgments

The production of this document would not be possible without the efforts of Justin T. George of the Alabama Statewide Cancer Registry, as well as Megan Brown, Anthony Piercy, Scott Simpson, and Dana Wagner of the American Cancer Society. Special acknowledgment is extended to staff of the cancer registries, hospital health information departments, and histopathologic laboratories, as well as physicians and their staff, whose participation and cooperation help make this publication possible.

This publication was supported by CDC Cooperative Agreement Number 5U58/DP003854. The contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

The American Cancer Society's mission
is to **save lives, celebrate lives,**
and **lead the fight** for a world without cancer.



cancer.org | 1.800.227.2345

